

```
<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8" />

<meta name="viewport" content="width=device-width, initial-scale=1.0"/>

<title>College Admission Form</title>

<style>

body {

    font-family: Arial, sans-serif;

    background: #f2f2f2;

    margin: 0;

    padding: 40px 20px;

    display: flex;

    justify-content: center;

}

.form-container {

    background-color: #fff;

    padding: 30px 40px;

    border-radius: 8px;

    box-shadow: 0 0 15px rgba(0, 0, 0, 0.1);

    max-width: 600px;

    width: 100%;

}

h2 {

    text-align: center;

    margin-bottom: 20px;

    color: #333;

}
```

```
label {  
    display: block;  
    margin-top: 15px;  
    margin-bottom: 5px;  
    color: #444;  
}
```

```
input[type="text"],  
input[type="email"],  
input[type="tel"],  
input[type="file"],  
select,  
textarea {  
    width: 100%;  
    padding: 10px;  
    border-radius: 4px;  
    border: 1px solid #ccc;  
    font-size: 14px;  
}
```

```
input[type="file"] {  
    padding: 5px 0;  
    background-color: #f9f9f9;  
}
```

```
textarea {  
    resize: vertical;  
    height: 80px;  
}
```

```
.gender-group {
```

```
display: flex;
gap: 20px;
margin-top: 5px;
}
```

```
.gender-group label {
display: inline;
margin-right: 10px;
}
```

```
.checkbox-group {
margin-top: 15px;
}
```

```
input[type="checkbox"] {
margin-right: 10px;
}
```

```
button {
margin-top: 20px;
width: 100%;
background-color: #008000;
color: white;
padding: 12px;
border: none;
font-size: 16px;
border-radius: 5px;
cursor: pointer;
}
```

```
button:hover {
```

```
        background-color: #50C878;
    }
</style>
</head>
<body>
<div class="form-container">
    <h2>College Admission Form</h2>
    <form>
        <label for="fname">Full Name</label>
        <input type="text" id="fname" name="fname" required>

        <label for="email">Email ID</label>
        <input type="email" id="email" name="email" required>

        <label for="phone">Phone Number</label>
        <input type="tel" id="phone" name="phone" required>

        <label for="gender">Gender</label>
        <div class="gender-group">
            <label><input type="radio" name="gender" value="Male" required> Male</label>
            <label><input type="radio" name="gender" value="Female"> Female</label>
            <label><input type="radio" name="gender" value="Other"> Other</label>
        </div>

        <label for="dob">Date of Birth</label>
        <input type="text" id="dob" name="dob" placeholder="DD/MM/YYYY" required>

        <label for="guardian">Parent/Guardian Name</label>
        <input type="text" id="guardian" name="guardian" required>

        <label for="nationality">Nationality</label>
```

<input type="text" id="nationality" name="nationality" required>

<label for="state">State</label>

<input type="text" id="state" name="state" required>

<label for="city">City</label>

<input type="text" id="city" name="city" required>

<label for="marks">12th Grade Marks (%)</label>

<input type="text" id="marks" name="marks" placeholder="e.g. 87.5" required>

<label for="photo">Upload Photo</label>

<input type="file" id="photo" name="photo" accept="image/\*" required>

<label for="mode">Preferred Mode of Study</label>

<select id="mode" name="mode" required>

<option value="">-- Select Mode --</option>

<option value="Online">Online</option>

<option value="Offline">Offline</option>

<option value="Hybrid">Hybrid</option>

</select>

<label for="course">Course</label>

<select id="course" name="course" required>

<option value="">-- Select Course --</option>

<option value="B.Tech">B.Tech</option>

<option value="B.Sc">B.Sc</option>

<option value="BCA">BCA</option>

<option value="M.Tech">M.Tech</option>

<option value="MBA">MBA</option>

</select>

```
<label for="address">Address</label>
```

```
<textarea id="address" name="address" required></textarea>
```

```
<div class="checkbox-group">
```

```
<label>
```

```
<input type="checkbox" name="declaration" required>
```

```
I hereby declare that the information provided is true to the best of my knowledge.
```

```
</label>
```

```
</div>
```

```
<button type="submit">Submit Application</button>
```

```
</form>
```

```
</div>
```

```
</body>
```

```
</html>
```

## College Admission Form

Full Name

Email ID

Phone Number

Gender

☐ Male ☐ Female ☐ Other

Date of Birth

DD/MM/YYYY

Parent/Guardian Name

Nationality

State

City

12th Grade Marks (%)

e.g. 87.5

Upload Photo

No file chosen

Preferred Mode of Study

-- Select Mode --



Course

-- Select Course --



Address

☐ I hereby declare that the information provided is true to the best of my knowledge.

Submit Application