**Experiment No: 3**   **Date: 06-12-2021**

**Aim:** To create a registration form with all possible HTML form controls

**HTML Code:**

<html>

<head>

<title>regform</title>

</head>

<body bgcolor="#e0efe">

<h1><center><b>REGISTERATION FOR ARTS CLUB</b></center></h1>

<form name="regform" >

<table align="center" cellspacing="4" cellpadding="2" border="0" width="80%">

<tr>

<td>

<label>NAME</label>

</td>

<td>

<input type="text" name="name" id="name" maxlength="20"><br><br>

</td>

</tr>

<tr>

<td>

<label>DATE OF BIRTH</label>

</td>

<td>

<input type="date" name="dob" id="dob"><br><br>

</td>

</tr>

<tr>

<td>

<label>GENDER</label>

</td>

<td>

<input type="radio" name="gender" value="MALE" id="gender">MALE

<input type="radio" name="gender" value="FEMALE" id="gender">FEMALE

<input type="radio" name="gender" value="OTHERS" id="gender">OTHERS

</td>

</tr>

<tr>

<td>

<label>STATE</label>

</td>

<td>

<SELECT>

<option value="KERALA">KERALA</option>

<option value="KARNATAKA">KARNATAKA</option>

<option value="TAMIL NADU">TAMIL NADU</option>

</SELECT>

</td>

</tr>

<tr>

<td>

<label>YOUR AREA OF INTEREST</label>

</td>

<td>

<input type="checkbox" name="aoi1" id="aoi1" value="MUSIC">MUSIC

<input type="checkbox" name="aoi2" id="aoi2" value="DANCE">DANCE

<input type="checkbox" name="aoi3" id="aoi3" value="DRAWING">DRAWING

<input type="checkbox" name="aoi4" id="aoi4" value="WRITING">WRITING

<input type="checkbox" name="aoi5" id="aoi5" value="OTHERS">OTHERS

</td>

</tr>

<tr>

<td>

<label>ENTER YOUR GUARDIAN'S NAME</label>

</td>

<td>

<input type="text" id="gname" name="gname" maxlength="20">

</td>

</tr>

<tr>

<td>

<label>PHONE NUMBER </label>

</td>

<td>

<select name="country-code">

<option data-countryCode="IN" value="91" selected>India (+91)</option>

</select>

<input type="text" name="phno" id="phno" maxlength="10">

</td>

</tr>

<tr>

<td>

<label>PERMANENT ADDRESS:</label>

</td>

<td>

<textarea rows="5" cols="40">ADDRESS</textarea>

</td>

</tr>

<tr>

<td>

<label>PIN</label>

</td>

<td>

<input type="text" name="pin" id="pin" maxlength="6">

</td>

</tr>

<br>

<tr>

<td>

<label>CHOOSE A USER NAME</label>

</td>

<td>

<input type="text" name="username" id="username">

</td>

</tr>

<tr>

<td>

<label>PASSWORD</label>

</td>

<td>

<input type="password" name="pw" id="pw">

</td>

</tr>

<br><br>

<tr>

<td>

<label>RE-ENTER PASSWORD</label>

</td>

<td>

<input type="password" name="rpw" id="rpw">

</td>

</tr>

<tr>

<td colspan="2">

<center>

<input type="submit" value="SUBMIT">

&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;

<input type="reset" value="RE-SET">

</center>

</td>

</tr>

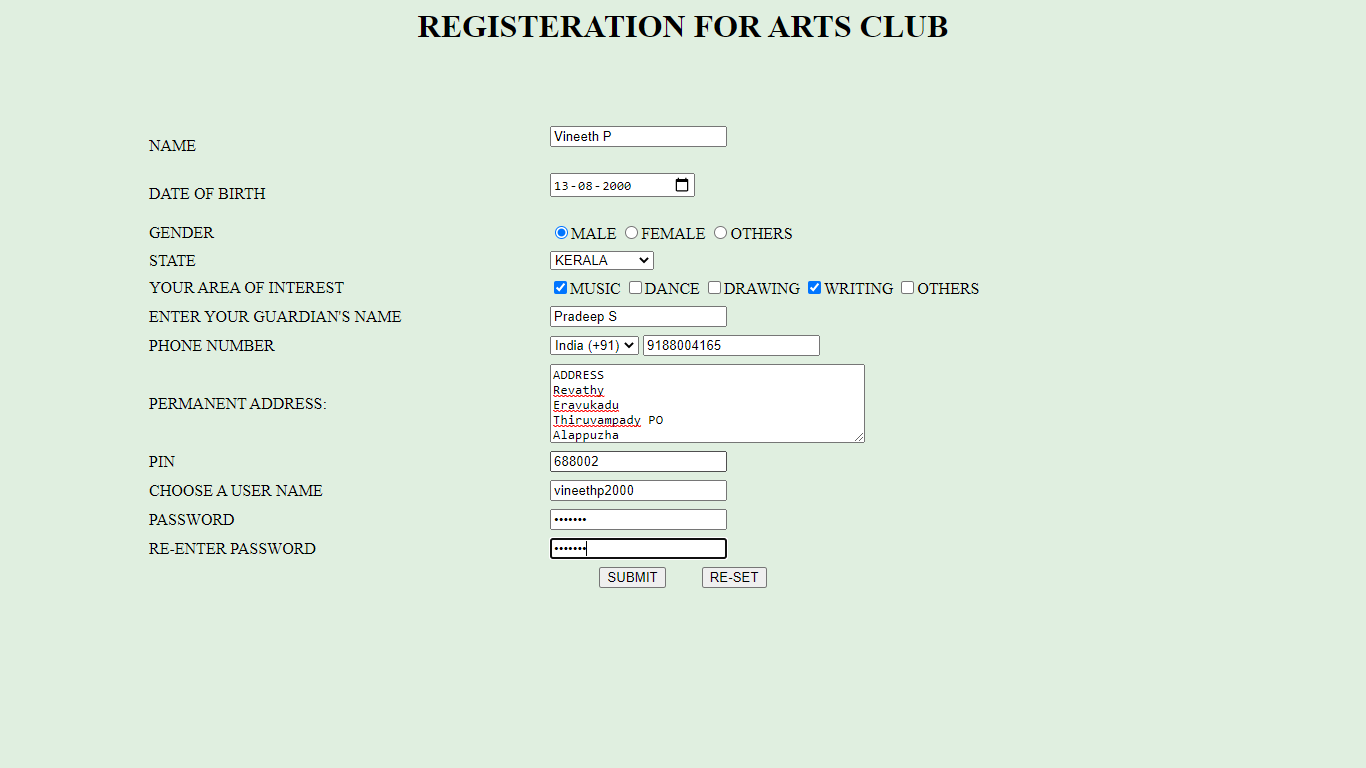
</table>

</form>

</body>

</html>

**OUTPUT**

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