W.A.C FERNANDO(26545)

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1.
                                     <!DOCTYPE html>
                                     <html>
                                     <head>
                                       <title>Registration Form</title>
                                     </head>
                                     <body>
                                       <h1>Registration Form</h1>
                                       <form>
                                         <label for="fname">First Name:</label>
                                         <input type="text" id="fname"
                                     name="fname" required placeholder="Enter your
                                     first name"><br><br>
                                         <label for="Iname">Last Name:</label>
                                         <input type="text" id="Iname"
                                     name="Iname" required placeholder="Enter your
                                     last name"><br><br>
                                                 <label for="gender">Gender:</label>
                                         <input type="radio" id="male"
                                     name="gender" value="male" required>
                                         <label for="male">Male</label>
                                         <input type="radio" id="female"
                                     name="gender" value="female" required>
                                         <label for="female">Female</label><br><br></r>
                                             <label for="country">Country:</label>
                                         <select id="country" name="country"</pre>
                                     required>
                                           <option value="USA">USA</option>
                                           <option value="Canada">Canada</option>
                                           <option value="UK">UK</option>
                                           <!-- Add more options as needed -->
                                         </select><br><br>
                                         <label for="email">Email:</label>
                                         <input type="email" id="email"
                                     name="email" required placeholder="Enter
                                     email"><br><br>
                                     <label for="Pnumber">PHONE:</label>
```

<input type="number" id="Pnumber" name="Pnumber required placeholder="Enter Phone">

 <label for="password">PassWord:</label> <input type="password" id="password" name="password">

 <label for="confirm password">confirm PassWord:</label> <input type="confirm password" id="confirm password" name="confirm password">

 <input type="checkbox" id="agree" name="agree" required> <label for="agree">I agree to the terms and conditions</label>

 <input type="submit" value="Submit"> <input type="Cancel" value="Cancel"> </form> </body> </html>