```html
<!--21B01A1262-->
<!--Create a registration form-->
<!DOCTYPE html>
<html lang="en">
  <head>
    <meta charset="UTF-8" />
    <meta http-equiv="X-UA-Compatible" content="IE=edge" />
    <meta name="viewport" content="width=device-width, initial-scale=1.0" />
    <title>Document</title>
    <link rel="stylesheet" href="/css/bootstrap.min.css" />
    <script src="/js/bootstrap.min.js"></script>
  </head>
  <body>
    <div class="container">
      <h1>Registration Form</h1>
      <form name="registration" class="registration-form" onsubmit="">
        <table width="100%">
          <tr>
            <td><label for="name">Name:</label></td>
            <td><input type="text" placeholder="Your Name" id="name" /></td>
          </tr>
          <tr>
            <td><label for="email">Email:</label></td>
            <td><input type="text" placeholder="Your Email" id="email" /></td>
          </tr>
          <tr>
            <td><label for="Password">Password:</label></td>
            <td><input type="password" placeholder="Enter Your Password" id="password" />
</td>
          </tr>
          <tr>
            <td><label for="PhoneNumber">Phone Number:</label></td>
            <td><input type="number" placeholder="Enter Your Number" id="phone_no" /></td>
          </tr>
          <tr>
            <td><label for="gender">Gender:</label></td>
            <td>
              Male:<input type="radio" name="Gender" id="male"/>Female:<input
                type="radio"
                name="Gender"
                id="female"
              />
            </td>
          </tr>
          <tr>
            <td><label for="language">Language</label></td>
            <td>
              <select id="languages">
                <option id=""></option>
                <option id="op2">English</option>
                <option id="op3">Telugu</option>
                <option id="op4">Hindi</option>
                <option id="op5">Tamil</option>
              </select>
            </td>
          </tr>
          <tr>
            <td><label for="about">Address</label></td>
            <td><textarea placeholder="Write About Yourself"></textarea></td>
          </tr>
          <tr>
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            <td colspan="2"><button onclick="fun()">Submit</button></td>
        </tr>
      </table>
    </form>
  </div>
```