<!DOCTYPE html>

<html>

<head>

</head>

<body>

<h1> Application Form</h1>

<form>

<label for="fname">First name:</label>

<input type="text" id="fname" name="fname"><br><br>

<label for="lname">Last name:</label>

<input type="text" id="lname" name="lname"><br><br>

<label for="emailid">Email ID:</label>

<input type="email" id="emailid" name="emailid"><br><br>

<label for="dob"> Date of birth:-</label>

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

<label for="phno">Mobile Number:</label>

<input type="number" id="phno" name="phno"><br><br>

<label for="subject">Subject: </label><br>

<textarea rows = "3" cols = "30" id="subject" name = "subject"></textarea><br><br>

<label for="message">Message:</label><br>

<textarea rows = "5" cols = "50" id="message" name = "message">

</textarea><br><br>

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

</form>

</body>

</html>