<!DOCTYPE html>

<html>

<head>

<title>Form</title>

<style type="text/css">

body{

font-family: sans-serif;

font-weight: bold;

background-repeat: no-repeat;

background-size: cover;

background-image: url("red.jpg");

}

form{

background-color:white;

width: 50%;

padding: 20px;

padding-right: 10px;

border-radius: 10px;

box-shadow: 10px 10px 10px 1px rgba(0,0,0,0.2);

}

td{

padding:8px;

}

input[type="submit"]{

padding: 7px;

padding-right:25px;

padding-top: 10px;

padding-left: 25px;

padding-bottom: 10px;

border: none;

color: white;

background-color: red;

border-radius: 25px;

}

input[type="reset"]{

padding: 7px;

padding-right:25px;

padding-left: 25px;

padding-top: 10px;

padding-bottom: 10px;

border: none;

color: white;

background-color: red;

border-radius: 25px;

}

</style>

</head>

<body>

<br><br><br><br><br><br><br>

<center>

<form>

<h1 style="color: red;">REGISTRATION FORM</h1>

<table >

<tr><td>Name</td><td>&nbsp;&nbsp;<b style="color: red";>:</b>&nbsp;&nbsp;</td><td><input type="text" name="name"></td></tr>

<tr><td>Email</td><td>&nbsp;&nbsp;<b style="color: red";>:</b>&nbsp;&nbsp;</td><td><input type="email" name="gmail"></td></tr>

<tr><td>Phone:</td><td>&nbsp;&nbsp;<b style="color: red";>:</b>&nbsp;&nbsp;</td><td><input type="text" name="Phone"></td></tr>

<tr><td>Gender</td><td>&nbsp;&nbsp;<b style="color: red";>:</b>&nbsp;&nbsp;</td><td>Male<input type="radio" name="Gender" value="Male">Female<input type="radio" name="Gender" value="Female"></td></tr>

<tr><td>Date Of Birth</td><td>&nbsp;&nbsp;<b style="color: red";>:</b>&nbsp;&nbsp;</td><td><input type="date" name="dob"></td></tr>

</table>

<br>

<input type="submit" name="" value="REGISTER">&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;<input type="reset" name="">

<br>

</form>

</center>

</body>

</html>

OUTPUT:  
