<!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>

</head>

<body>

<form action="oop.php" method="post">

<label for="">Name</label>

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

<br>

<label for="">Father Name</label>

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

<br>

<label for="">Email</label>

<input type="email" name="email">

<br>

<label for="">Age</label>

<input type="number" name="age">

<br>

<label for="">Gender</label>

<input type="radio" name="gender" id="" value="male">Male

<input type="radio" name="gender" id="" value="female">Female

<input type="submit" value="submit" name="submitbtn">

</form>

    <?php

if(isset($\_POST["submitbtn"])){

$name=$\_POST["name"];

$fname=$\_POST["fname"];

$age=$\_POST['age'];

$email=$\_POST["email"];

$gender=$\_POST["gender"];

echo "your name is ".$name. "<br>". "Father name" .$fname. "<br>" ."Age is" . $age ."<br>"."Email is ". $email . "<br>". "Gender is" .$gender;    }

else{

    echo "please enter the above feilds";

}

?>

</body>

</html>