<!DOCTYPE html>

<html lang="en">

<head>

<style>

.x{

width: 400px;

}

table{

border-collapse: collapse;

}

hr{

margin: 0;

}

label{

font-weight:bold;

}

.y{

text-align: center;

}

</style>

</head>

<body>

<form>

<center>

<h1 style="color: blue;">Registration Form</h1>

<table border="1">

<tr>

<td class="y"><label for="fn">First Name</label></td>

<td><input type="text" name="fn" class="x"></td>

</tr>

<tr>

<td class="y"><label for="ln">Last Name</label></td>

<td><input type="text" name="ln" class="x"></td>

</tr>

<tr>

<td class="y"><label for="em">Email</label></td>

<td><input type="email" name="em" class="x"></td>

</tr>

<tr>

<td class="y"><label for="pw">Password</label></td>

<td><input type="password" name="pw" class="x"></td>

</tr>

<tr>

<td class="y"><label for="rpw">Re-enter Password</label></td>

<td><input type="password" name="rpw" class="x"></td>

</tr>

<tr>

<td class="y" rowspan="2"><label for="gender">Gender:</label></td>

<td><input type="radio" name="gender">Male</td>

</tr>

<tr>

<td><input type="radio" name="gender">Female</td>

</tr>

<tr>

<td class="y"><label for="age">Age:</label></td>

<td><input type="number" name="age" class="x"></td>

</tr>

<tr>

<td class="y"><label for="phno">Phone Number</label></td>

<td><input type="number" name="phno" class="x"></td>

</tr>

<tr>

<td class="y"><label for="add">Address</label></td>

<td>

<textarea name="add" rows="5" class="x"></textarea>

</td>

</tr>

<tr>

<td class="y"><label for="state">State</label></td>

<td><input type="text" name="state" class="x"></td>

</tr>

<tr>

<td class="y"><label for="country">Country</label></td>

<td>

<select name="country">

<option>Choose your country</option>

<option>India</option>

<option>USA</option>

<option>England</option>

<option>Other</option>

</select>

</td>

</tr>

<tr>

<td class="y"><label for="lang">Languages Known</label></td>

<td>

<input type="checkbox">English

<input type="checkbox">Kannada

<input type="checkbox">Hindi

<input type="checkbox">Telugu

</td>

</tr>

<tr>

<td colspan="2"><input type="checkbox"> Hereby I declare all the given details are true</td>

</tr>

<tr>

<td colspan="2" style="text-align: right;">Login in to <a href="https://www.ethnus.com">Ethnus</a> website</td>

</tr>

</table>

<br>

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

</center>

</form>

</body>

</html>