

```

<!DOCTYPE html>
<html>
  <head>
    <meta charset="utf-8">
    <meta name="viewport" content="width=device-width,initial-scale=1">
    <title>YOGA REGISTRATION FORM</title>
    <LINK rel="stylesheet" type="text/css" href="style.css">
    <link rel="stylesheet"
href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/4.7.0/css/font-
awesome.min.css">

  </head>
  <BODY>
    <div class="container">
      <h2>Registration Form</h2>
      <div class="form-container">
        <form>
          <div class="input-name">
            <i class="fa fa-user"></i>
            <input type="text" placeholder="First Name"
class="name">

            <span>
              <i class="fa fa-user"></i>
              <input type="text" placeholder="Last Name"
class="name">

            </span>
          </div>
          <div class="input-name">
            <i class="fa fa-envelope email"></i>
            <input type="text" placeholder="Email" class="name">
          </div>
          <div class="input-name">
            <i class="fa fa-lock lock"></i>
            <input type="password" placeholder="password"
class="name">

          </div>
          <div class="input-name">
            <i class="fa fa-lock lock"></i>
            <input type="password" placeholder="confirm password"
class="name">

          </div>
          <div class="input-name">
            <label style="margin-right:10PX">GENDER</label>
            <input type="radio" name="r1" >
            <label style="margin-right:10px;">male</label>
            <input type="radio" name="r1">
            <label style="margin-right:10px;">female</label>
            <input type="radio" name="r1">others
          </div>
          <div class="input-name">
            <label style="margin-right:10PX">DATE</LABEL>
            <input type="date"><br><br>
            <label>MOBILE NO:</label>
            <INPUT type="text">

```

```
</div>
<div class="input-name">
  <label style="margin-right:10PX">TIMINGS </label>
  <input type="radio" name="r2">6-7AM
  <input type="radio" name="r2">7-8AM
  <input type="radio" name="r2">8-9AM
  <input type="radio" name="r2">5-6PM
</div>
<div class="input-name">
  <select class="country">
    <option>select a country</option>
    <option>India</option>
    <option>Maharashtra</option>
    <option>Bangalore</option>
    <option>Hyderabad</option>
    <option>chennai</option>
  </select>
  <div class="arrow"></div>
</div>
<div class="input-name">
  <input type="checkbox" id="cb" class="check-button">
  <label for="cb">I accept the terms and
conditions</label>
</div>
<div class="input-name">
  <input type="submit" class="button" value="Register">
</div>
</form>
</div>
</div>
</BODY>
</html>
```