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<!DOCTYPE html>
<html>
    <head>
        <meta charset="utf-8">
        <meta name="viewpoint" content="width=device-width,initial-scale=1">
        <title>YOGA REGISTRATION FORM</title>
        <LINK rel="stylesheet" type="text/css" href="style.css">
        <link rel="stylesheet"</pre>
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></i>
                         <input type="text" placeholder="First Name"</pre>
class="name">
                         <span>
                             <i class="fa fa-user"></i></i>
                             <input type="text" placeholder="Last Name"</pre>
class="name">
                         </span>
                     </div>
                     <div class="input-name">
                         <i class="fa fa-envelope email"></i></i>
                         <input type="text" placeholder="Email" class="name">
                     </div>
                     <div class="input-name">
                         <i class="fa fa-lock lock"></i></i>
                         <input type="password" placeholder="password"</pre>
class="name">
                     </div>
                     <div class="input-name">
                         <i class="fa fa-lock lock"></i></i>
                         <input type="password" placeholder="confirm password"</pre>
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">
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</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>Maharastra
                            <option>Bangloore</option>
                            <option>Hyderbad</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>
```