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<!DOCTYPE html>
<html lang="en">
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Contact Me & Survey</title>
</head>
<body>
    <header style="text-align: center; background-color: #f1f1f1; padding:</pre>
20px;">
        <nav>
            <a href="index.html">Home</a>
    </header>
        <div style="text-align: center; background-color: #f1f1f1; padding:</pre>
20px;">
             <h1>Contact Me & Survey</h1>
        </div>
        <div style="margin: 20px auto; font-size: 20px; width: 50%;">
            <form >
                 <label for="fullname">Full Name:</label><br>
                 <input type="text" id="fullname" name="fullname"</pre>
required><br><br><br></pr>
                 <label for="email">Email Address:</label><br>
                 <input type="email" id="email" name="email" required><br><br>
                 <label for="password">Password:</label><br>
                 <input type="password" id="password" name="password"</pre>
required><br><br><br></pr>
                 <label for="age">Age:</label><br>
                 <input type="number" id="age" name="age" min="13"</pre>
max="100"><br><br><br></pr>
                 <label for="gender">Gender:</label><br>
                 <input type="radio" id="gender-male" name="gender" value="male">
Male<br>
                 <input type="radio" id="gender-female" name="gender"</pre>
value="female"> Female<br><br>
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<label for="rating">How would you rate the website?</label><br>
                <input type="range" id="rating" name="rating" min="1"</pre>
max="10"><br><br></pr>
                <label for="comments">Additional Comments:</label><br>
                <textarea id="comments" name="comments" rows="4"</pre>
cols="50"></textarea><br><br>
                <label for="newsletter">Subscribe to newsletter:
                <input type="checkbox" id="newsletter" name="newsletter"><br><br>
                <label for="audiofile">Upload an Audio File:</label><br>
                <input type="file" id="audiofile" name="audiofile"</pre>
accept="audio/*"><br><br>
                <label for="contact-method">Preferred Contact Method:</label><br>
                <select id="contact-method" name="contact-method">
                    <option value="email">Email</option>
                    <option value="phone">Phone</option>
                    <option value="mail">Mail</option>
                </select><br><br></
                <button type="submit">Submit</button>
            </form>
        </div>
    </main>
    <footer style="text-align: center; background-color: #f1f1f1; padding:</pre>
20px;">
        © 2025 Mohammed Faizan Patel
    </footer>
</body>
</html>
```