

```
<!DOCTYPE html>

<html lang="en">

<head>

  <style>

    form{

      border: 2px solid black;

      padding: 40px;

      width: 50%;

      margin: auto;

      background-image: linear-gradient(aqua, blueviolet);


    }

    input{

      float: right;

    }

    label{

      color:red;

      font: 50px;

    }

  </style>
```

```
  <title>Document</title>

</head>

<body>

  <form>

    <label for="">FIRST NAME:</label>

    <input type="text" required>

    <br> <br>

    <label for="">LAST NAME:</label>

    <input type="text">

    <br> <br>
```

```
<label for="">EMAIL:</label>
<input type="email">
<br> <br>
<label for="">GENDER:</label>
<input type="radio" style="float: none;" name="gender">MALE
<input type="radio" style="float: none;" name="gender">FEMALE
<input type="radio" style="float: none;" name="gender">OTHERS
<br> <br>
<label for="">SUBJECTS:</label>
<input type="checkbox" style="float: none;">JAVA
<input type="checkbox" style="float: none;">MANUAL
<input type="checkbox" style="float: none;">SQL
<input type="checkbox" style="float: none;">PYTHON
<br><br>
<label for="">QUALIFICATION:</label>
<select name="id">
  <option value="">BE</option>
  <option value="">MBA</option>
  <option value="">MCA</option>
  <option value="">MTECH</option>
  <option value="">DIPLOMA</option>
</Select>
<br><br>
<label for="">DATE OF BIRTH</label>
<input type="date">
<br><br>
<label for="place">PLACE</label>
<input list="city">
<datalist id="city" name="place">
  <option value="KERALA">KERALA</option>
  <option value="KARNATAKA">KARNATAKA</option>
```

```
<option value="GOA">GOA</option>
<option value="BIHAR">BIHAR</option>
<option value="ODISHA">ODISHA</option>
</datalist>
<br><br>
<label for="">ADDRESS:</label>
<textarea name="" id="" cols="30" rows="10"></textarea>
<br><br>
<label for="">YEAR OF PASS OUT</label>
<input type="number"min="2014" max="2025">
<br><br>

<center> <BUtton>SUBMITT</BUtton></center>

</form>
</body>
</html>
```