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