**Task-12:**

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Document</title>

<style>

\* { margin: 0 }

.container {

display: flex;

justify-content: center;

align-items: center;

flex-direction: column;

height: 100vh;

background-color:rgb(169,30,81,0.8);

}

.registartion-form {

display: flex;

justify-content: center;

align-items: center;

width: 600px;

color: rgb(255, 255, 255);

font-size: 18px;

font-family: sans-serif;

background-color: hsl(341, 47%, 43%);

padding: 20px;

}

.registartion-form input,

.registartion-form select,

.registartion-form textarea {

border: none;

padding: 5px;

margin-top: 10px;

font-family: sans-serif;

}

.registartion-form .submit {

width: 100%;

padding: 8px 0;

font-size: 20px;

color: rgb(44, 44, 44);

background-color: #ffffff;

border-radius: 5px;

}

.registartion-form .submit:hover {

box-shadow: 3px 3px 6px rgb(255, 214, 176);

}

</style>

</head>

<body>

<div class="container">

<form name="registration" class="registartion-form">

<table>

<tr>

<td><label for="name">Name:</label></td>

<td><input type="text" name="name" id="name" placeholder="your name"></td>

</tr>

<tr>

<td><label for="email">Email:</label></td>

<td><input type="text" name="email" id="email" placeholder="your email"></td>

</tr>

<tr>

<td><label for="password">Password:</label></td>

<td><input type="password" name="password" id="password"></td>

</tr>

<tr>

<td><label for="phoneNumber">Phone Number:</label></td>

<td><input type="number" name="phoneNumber" id="phoneNumber"></td>

</tr>

<tr>

<td><label for="gender">Gender:</label></td>

<td>Male: <input type="radio" name="gender" value="male">

Female: <input type="radio" name="gender" value="female">

Other: <input type="radio" name="gender" value="other"></td>

</tr>

<tr>

<td><label for="language">language</label></td>

<td>

<select name="language" id="language">

<option value="">Select language</option>

<option value="English">English</option>

<option value="Spanish">Spanish</option>

<option value="Hindi">Hindi</option>

<option value="Arabic">Arabic</option>

<option value="Russian">Russian</option>

</select>

</td>

</tr>

<tr>

<td><label for="zipcode">Zip Code:</label></td>

<td><input type="number" name="zipcode" id="zipcode"></td>

</tr>

<tr>

<td><label for="about">About:</label></td>

<td><textarea name="about" id="about" placeholder="Write about yourself..."></textarea></td>

</tr>

<tr>

<td colspan="2"><input type="submit" class="submit" value="Register" /></td>

</tr>

</table>

</form>

</div>

</body>

</html>