<!DOCTYPE html>

<html>

<head>

<meta name="viewport" content="width=device-width, initial-scale=1">

<style>

body{

font-family: Calibri, Times New Roman, sans-serif;

background-color: #EE2710;

}

.container {

padding: 50px;

background-color: #F7F94E;

}

input[type=text], input[type=password], textarea {

width: 100%;

padding: 15px;

margin: 5px 0 22px 0;

display: inline-block;

border: none;

background: #f1f1f1;

}

input[type=text]:focus, input[type=password]:focus {

background-color: orange;

outline: none;

}

div {

padding: 10px 0;

}

hr {

border: 1px solid #f1f1f1;

margin-bottom: 25px;

}

.registerbtn {

background-color: #323306 ;

color: white;

padding: 16px 20px;

margin: 8px 0;

border: none;

cursor: pointer;

width: 100%;

opacity: 0.9;

}

.registerbtn:hover {

opacity: 1;

}

</style>

</head>

<body>

<form>

<div class="container">

<center> <h1>Registration Form</h1> </center>

<hr>

<label> Firstname </label>

<input type="text" name="firstname" placeholder= "Firstname" size="15" required />

<label> Middlename: </label>

<input type="text" name="middlename" placeholder="Middlename" size="15" required />

<label> Lastname: </label>

<input type="text" name="lastname" placeholder="Lastname" size="15"required />

<div>

<label>

Gender :

</label><br>

<input type="radio" value="Male" name="gender" checked > Male

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

<input type="radio" value="Other" name="gender"> Other

</div>

<label>

Phone :

</label>

<input type="text" name="country code" placeholder="Country Code" value="+91" size="2"/>

<input type="text" name="phone" placeholder="phone no." size="10"/ required>

Current Address :

<textarea cols="80" rows="5" placeholder="Current Address" value="address" required>

</textarea>

<label for="Patient ID"><b>Patient ID</b></label>

<input type="text" placeholder="Patient ID" name="Patient" required>

<label for="administration No"><b>Administration No</b></label>

<input type="text" placeholder="administration No" name="Administration No" required>

<button type="submit" class="registerbtn">Register</button>

</form>

</body>

</html>