```html
<!DOCTYPE html>

<html>

<head>

    <title>Personal Details</title>

    <style>

        /* Basic page styling */

        body {

            font-family: Arial, sans-serif;

            background-color: #78d7ed;

            padding: 20px;

        }


        /* Header styling */

        h2 {

            text-align: center;

            color: #333;

        }


        /* Form container styling */

        form {

            background-color: #0ccfc9;

            padding: 20px;

            border-radius: 10px;

            max-width: 400px;

            margin: 20px auto;


            box-shadow: 0 0 10px rgba(0,0,0,0.1);

        }


        /* Styling form elements */

        label, input, textarea, button {
```

```css
    display: block;

    width: 100%;

    margin-bottom: 10px;

}


/* Input and textarea box styling */

input, textarea {

    padding: 8px;

    border: 1px solid #ccc;

    border-radius: 5px;

}


/* Button styling */

button {

    padding: 10px;

    background-color: #007bff;

    color: rgb(255, 255, 255);

    border: none;

    border-radius: 5px;

    cursor: pointer;

}


/* Button hover effect */

button:hover {

    background-color: #0056b3;

}


/* Image styling */

img {

    display: block;

    margin: 20px auto;
```

```css
      width: 150px;

      border-radius: 50%;

    }


    /* Table styling */

    table {

      width: 80%;

      margin: 20px auto;

      border-collapse: collapse;

    }


    /* Table cell styling */

    th, td {

      border: 1px solid #ddd;

      padding: 10px;

      text-align: center;

    }


    /* Table header styling */

    th {

      background-color: violet;

      color: Purple;

    }
  </style>
</head>
<body>


<!-- Header text -->
<h2>Student Information Form</h2>


<!-- Form section for user input -->
```

```html
<form>
    <label for="name">Name:</label>
    <input type="text" id="name" placeholder="Your Name">


    <label for="Roll No">Roll No:</label>
    <input type="text" id="Roll NO" placeholder="Your Roll no">


    <label for="Date of Birth">Date of Birth:</label>
    <input type="text" id="Date of Birth" placeholder="Your Date of Birth">


    <label for="email">Email:</label>
    <input type="email" id="email" placeholder="Your email">


    <label for="Password">Pasword:</label>
    <input type="Password" id="Password" placeholder="Password">


    <label for="Gender">Gender:</label>
    <input type="Gender" id="Gender" placeholder="Gender">



    <label for="message">Message:</label>
    <textarea id="message" rows="4" placeholder="Write something..."></textarea>


    <button type="submit">Send</button>
</form>


<!-- Placeholder image below form -->
<img src="https://via.placeholder.com/150" alt="User Image">


<!-- Table to display sample data -->
<table>
```

```html
    <tr>
        <th>ID</th>
        <th>Name</th>
        <th>Email</th>
    </tr>
    <tr>
        <td>1</td>
        <td>Jyoti karkhele</td>
        <td>jyoti@gmail.com</td>
    </tr>
    <tr>
        <td>2</td>
        <td>Shreya ghogre</td>
        <td>Shreya@gmail.com</td>
    </tr>
</table>


<!-- Note: The lang="en" attribute in <html> is not strictly necessary, but it is recommended for
accessibility and SEO. -->


</body>
</html>
```

OUTPUT:-

Student Information Form

Name:

Your Name

Roll No:

Your Roll no

Date of Birth:

Your Date of Birth

Email:

Your email

Pasword:

Password

Gender:

Gender

Message:

Write something...

Send

User Image

ID	Name	Email
1	Jyoti karkhele	jyoti@gmail.com
2	Shreya ghogre	Shreya@gmail.com