Form tag

```
<html>
<body>
<form method="POST">
        <input type="text" name="username" placeholder="Enter username"/>
        <br/><br/>
        <input type="password" name="password" placeholder="Enter Password"/>
        <br/><br/>
        <input type="number" name="age" placeholder="Enter your age"/>
        <br/><br/>
        <input type="email"/>
        <br/><br/>
        Male <input type="radio" name="gender" value="M"/>
        Female <input type="radio" name="gender" value="F"/>

        <br/><br/>
        <input type="checkbox"/>Circket
        <input type="checkbox"/>Hockey
        <input type="checkbox"/>Football
        <br/><br>
        <textarea name="adderess" rows="4" cols="50"></textarea>
        <br/><br/>
        <select>
            <option>Select Education</option>
            <option>MCA</option>
            <option>BE</option>
            <option>B.Tech</option>
        </select>
        <br/><br/>
        <input type="file"/>
        <br/><br/>
        <input type="date"/>
        <br/><br/>
        <input type="submit" value="Sign up"/>
    </form>
</body>
</html>
```