```html
<!DOCTYPE html>

<html>

<head>

  <title>Bio Data Form</title>

  <style>

    body {

      font-family: Arial, sans-serif;

      background-color: #f4f4f4;

      margin: 0;

      padding: 0;

    }

    .container {

      width: 80%;

      margin: auto;

      background: #fff;

      padding: 20px;

      border-radius: 5px;

      box-shadow: 0 0 10px rgba(0, 0, 0, 0.2);

    }

    h2 {

      text-align: center;

    }

    label {

      display: block;

      font-weight: bold;   }
```

```css
    input[type="text"],

    input[type="email"],

    input[type="date"],

    select {

      width: 100%;

      padding: 10px;

      margin: 8px 0;

      border: 1px solid #ccc;

      border-radius: 4px;

    }

    button {

      background-color: #4CAF50;

      color: #fff;

      padding: 10px 20px;

      border: none;

      border-radius: 4px;

      cursor: pointer;

    }

    button:hover {

      background-color: #45a049;

    }

  </style>

</head>
```

```html
<body>
  <div class="container">
    <h2>Bio Data Form</h2>
    <form>
      <label for="name">Full Name:</label>
      <input type="text" id="name" name="name" required>
      <label for="email">Email:</label>
      <input type="email" id="email" name="email" required>
      <label for="dob">Date of Birth:</label>
      <input type="date" id="dob" name="dob" required>
      <label for="gender">Gender:</label>
      <select id="gender" name="gender">
        <option value="male">Male</option>
        <option value="female">Female</option>
        <option value="other">Other</option>
      </select>
      <button type="submit">Submit</button>
    </form>
  </div>
</body>
</html>
```

Bio Data Form

Full Name:

Email:

Date of Birth:

mm/dd/yyyy

Gender:

Male

Submit