```html
<html>
<head><title>form</title>
<style>

</style>
</head>
<style>
body{background:;
     font-family:Arial;
   text-align:center;
    }
.form-container{ width:500px;
              margin100px;
             background:white;
            padding:50px;
             border-radius:50px;
            box-shadow:0 0 10px #aaa;
          }
</style>
<body>
<center>
<div class="form-container">
<form action="" method="get">
<h1 align="center">PATIENT REGISTRATION</h1></td></tr>
<tr><td><lable>First Name</lable></td>
<td><input type="text" name="t1"></td></tr><br><br>
```

```
<tr><td><lable>Last Name</lable></td>

<td><input type="text" name="t2"></td></tr><br><br>

<tr><td><lable>Username</lable></td>

<td><input type="text" name="t3"></td></tr><br><br>

<tr><td><lable>Password</lable></td>

<td><input type="password" name="t4"></td></tr><br><br>

<tr><td><lable>Age</able></td>

</td><input type="number" name="t5"></td></tr><br><br>

<tr><td><lable>Disease</able></td>

<td><input type="text" name="t6"></td></tr><br><br>

<tr><td><lable>Doner's Name</lable></td>

<td><input type="text" name="t7"></td><br><br>

<tr><td><lable>Patient's Address</lable></td>

<td><input type="text" name="t8"></td></tr><br><br>

<tr><td><lable>Contant No.</lable></td>

<td><input type="number" name="t9"></td></tr><br><br>

<tr><td><input type="submit" name="r1" value="Register"></td></tr><br><br>

</form>

</div>

</body>

</html>
```