

```
1 <!DOCTYPE html>
2 <html>
3 <head>
4   <title>Survey Form</title>
5   <style>
6     /* Style for the form container */
7     .form-container {
8       max-width: 400px;
9       margin: 0 auto;
10      padding: 20px;
11      border: 1px solid #ccc;
12      border-radius: 5px;
13    }
14
15    /* Style for labels and input fields
16    label, input, select, textarea {
17      display: block;
18      margin-bottom: 10px;
19    }
20  </style>
21 </head>
22 <body>
23   <div class="form-container">
24     <h2>Survey Form</h2>
25     <form id="survey-form">
26       <label for="first-name">First Name</label>
27       <input type="text" id="first-name">
28
29       <label for="last-name">Last Name:</label>
30       <input type="text" id="last-name">
31
32       <label for="dob">Date of Birth:</label>
33       <input type="date" id="dob" required>
34
35       <label for="country">Country:</label>
36       <select id="country" required>
37         <option value="INDIA">INDIA</option>
38         <option value="NEPAL">NEPAL</option>
39         <option value="RUSSIA">RUSSIA</option>
40         <option value="USA">USA</option>
41         <!-- Add more countries as needed -->
42       </select>
43
44     </form>
45   </div>
```

Survey Form

First Name:

Last Name:

Date of Birth:

Country:

Gender:

☐

Male

☐

Female

☐

Other

Profession:

Email:

Mobile Number:

Submit

Reset