```html
<html>

<head>

    <title>Registration Form</title>

   <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.1.3/dist/css/bootstrap.min.css" rel="stylesheet" integrity="sha384-
1BmE4kWBq78iYhFldvKuhfTAU6auU8tT94WrHftjDbrCEXSU1oBoqyl2QvZ6jIW3" crossorigin="anonymous"> </head>

  <section class="vh-100 gradient-custom">

    <div  class="container py-5 h-100" >

     <div  class="row justify-content-center align-items-center h-100">

      <div class="col-12 col-lg-9 col-xl-7">

       <div class="card shadow-2-strong card-registration"  style="border-radius: 15px;">

        <div class="card-body p-4 p-md-5">

         <h3 class="mb-4 pb-2 pb-md-0 mb-md-5">Registration Form</h3>

          <form >

    <div class="row">

<div class="col-md-6 mb-4">

    <div class="form-outline">

            <input type="text" id="firstName" class="form-control form-control-lg" />

            <label class="form-label" for="firstName">First Name</label>

          </div>

</div><div class="col-md-6 mb-4">

   <div class="form-outline">

            <input type="text" id="lastName" class="form-control form-control-lg" />

            <label class="form-label" for="lastName">Last Name</label>

          </div></div>

         </div>

<div class="row">

        <div class="col-md-6 mb-4 d-flex align-items-center">

<div class="form-outline datepicker w-100">

            <input type="text" class="form-control form-control-lg" id="birthdayDate"/>

            <label for="birthdayDate" class="form-label">Birthday</label>

          </div>

</div> <div class="col-md-6 mb-4">

    <h6 class="mb-2 pb-1">Gender: </h6>

    <div class="form-check form-check-inline">

            <input class="form-check-input" type="radio" name="inlineRadioOptions" id="femaleGender" value="option1" checked/>

            <label class="form-check-label" for="femaleGender">Female</label> </div>

 <div class="form-check form-check-inline">
```

```html
<input class="form-check-input" type="radio" name="inlineRadioOptions" id="maleGender" value="option2"/>
            <label class="form-check-label" for="maleGender">Male</label>
          </div>
    <div class="form-check form-check-inline">
            <input class="form-check-input" type="radio" name="inlineRadioOptions" id="otherGender" value="option3"/>
            <label class="form-check-label" for="otherGender">Other</label>
          </div> </div></div>
    <div class="row">
            <div class="col-md-6 mb-4 pb-2">
    <div class="form-outline">
            <input type="email" id="emailAddress" class="form-control form-control-lg" />
            <label class="form-label" for="emailAddress">Email</label>
          </div> </div>
            <div class="col-md-6 mb-4 pb-2">
    <div class="form-outline">
            <input type="tel" id="phoneNumber" class="form-control form-control-lg" />
            <label class="form-label" for="phoneNumber">Phone Number</label>
          </div> </div></div>
    <div class="row">
            <div class="col-12">
    <select class="select form-control-lg">
            <option value="1" disabled>Choose option</option>
            <option value="2">Computer</option>
            <option value="3">civil</option>
            <option value="4">E&TC</option>
          </select>
            <label class="form-label select-label">Choose option</label>
    </div></div>
    <div class="mt-4 pt-2">
            <input class="btn btn-primary btn-lg" type="submit" value="Submit" />
          </div></form></div></div></div></div></div>
    </section>
 </html>
```

Registration Form

NIKITA	GIRASE
First Name	Last Name

11-01-2022	**Gender:**
Birthday	● Female ○ Male ○ Other

nikugirase333@gmail.com	4564654656
Email	Phone Number

Computer ▾ Choose option

Submit

Registration Form

TRUPTI	WAGH
First Name	Last Name

13-07-2002	**Gender:**
Birthday	● Female ○ Male ○ Other

truptidwagh@gmail.com	5897365968
Email	Phone Number

Computer ▾ Choose option

Submit