<!DOCTYPE html>

<html>

<body>

<h1>Details of Users</h1>

<form>

<fieldset>

<legend>Personal Information:</legend><label>First name:</label>

<input type="text" id="fname" name="fname"><br><br>

<label>Last name:</label>

<input type="text" id="lname" name="lname"><br><br>

<label>Gender:</label><br><br>

<input type = "radio" name = "subject" value = "Male"> Male<br><br>

<input type = "radio" name = "subject" value = "Female"> Female<br><br>

<input type = "radio" name = "subject" value = "Other"> Other<br><br>

<label for="email">Email:</label>

<input type="email" id="email" name="email"><br><br>

<label for="email">password:</label>

<input type = "password" name = "password" /><br><br>

<label for="birthday">Birthday:</label>

<input type="date" id="birthday" name="birthday"><br><br>

<label for="email">Address:</label> <br />

<textarea rows = "5" cols = "50" name = "description">Enter description here...</textarea><br><br>

<label for="email">Image:</label><br><br>

<input type = "file" name = "fileupload" accept = "image/\*" /><br><br><br><br>

<center><input type = "submit" name = "submit" value = "Submit" />

<input type = "reset" name = "reset" value = "Reset" /></center>

</fieldset>

</form>

</body>

</html>