14 Full Form

Code :

```html
1  <!DOCTYPE html>
2  <html lang="en">
3  <head>
4    <meta charset="UTF-8">
5    <meta name="viewport" content="width=device-width, initial-scale=1.0">
6    <title>Full Form</title>
7    <link rel="stylesheet" href="style.css">
8
9  </head>
10
11 <body>
12
13 <form style="width: 600px; margin: auto; background-color: violet;">
14
15 <fieldset>
16   <legend style="text-align: center;">Submit Your Informaton</legend>
17
18 <label for="Fname">First Name:</label>
19 <input type="text" name="first_name" id="Fname" placeholder="Enter your first name" required> <br><br>
20
21 <label for="Lname">Last Name:</label>
22 <input type="text" name="last_name" id="Lname" placeholder="Enter your last name"> <br><br>
23
24 <label for="pass">Password:</label>
25 <input type="password" name="password" id="pass" placeholder="Enter your password"> <br> <br>
26
27 <label for="mail">Email:</label>
28 <input type="email" name="email" id="mail" placeholder="Enter your email"> <br><br>
29
30 <label for="Date_Of_Birth">Date of birth</label>
31 <input type="date" name="Date of birth" id="Date_Of_Birth"> <br><br>
32
33 <label for="file_name">Upload Your File:</label>
34 <input type="file" name="file" id="file_name"> <br><br>
35
36 Gander <br>
37 <input type="radio" name="Gender" id="male"> <label for="male">Male</label>
38 <input type="radio" name="Gender" id="female"> <label for="female">Female</label>
39 <input type="radio" name="Gender" id="other"> <label for="other">Other</label> <br><br>
40
41 Choose your favourite color <br>
42 <input type="checkbox" name="Blue" id="blue"> <label for="blue">Blue</label>
43 <input type="checkbox" name="Red" id="red" checked> <label for="red">Red</label>
44 <input type="checkbox" name="Red" id="green"> <label for="green">Green</label> <br><br>
45
46 Select Your Color: <br>
47 <input type="color"> <br><br>
48
49
50 Sarch Your Country: <br>
51 <select name="Country">
52
53 <option value="">Select Your Counry</option>
54
55 <option value="bnagladesh">Bnagladesh</option>
56 <option value="india">India</option>
57 <option value="vutan">Vutan</option>
58 <option value="nepal">Nepal</option>
59 <option value="brazil" --selected-- >Brazil</option>
60 </select> <br><br>
61
62
63 Your Range Here: <br>
64 1<input type="range" min="1" max="100">100 <br> <br>
65
66 Messages Here: <br>
67 <textarea name="name_area" cols="50" rows="5" id="" placeholder="Write Simhing.."></textarea> <br> <br>
68
69 <input type="submit" value="Submit" name="" id="">
70 <input type="reset" value="Reset All" name="" id="">
71
72
73 </fieldset>
74 </form>
75
76 </body>
77 </html>
78
```

14 Full Form

Output :

Submit Your Informaton

First Name: [Enter your first name]

Last Name: [Enter your last name]

Password: [Enter your password]

Email: [Enter your email]

Date of birth [mm/dd/yyyy 📅]

Upload Your File: [Choose File] No file chosen

Gander
○ Male   ○ Female   ○ Other

Choose your favourite color
☐ Blue   ☑ Red   ☐ Green

Select Your Color:
[⬛]

Sarch Your Country:
[Select Your Counry ⌄]

Your Range Here:
1 [━━━●━━━━━━] 100

Messages Here:
[Write Simhing..   ]

[Submit]   [Reset All]