<DOCTYPE.html>

<html>

<head>

<title>Registration Form</title>

</head>

<body>

<center>

<form>

<fieldset id="regform" style="width:400px;">

<legend>Registration Form</legend>

<table border="2" cellspace=4 cellpadding=8>

<tr>

<td><label>First Name</label></td>

<td><input type="text" name="fname" placeholder="please enter the first name" autofocus=""/></td>

</tr>

<tr>

<td></label>Last Name</label></td>

<td><input type="text" name="lname" placeholder="please enter the last name"/></td>

</tr>

<tr>

<td><label>contact number</label></td>

<td><input type="number" name="cnumber" placeholder="please enter the contact number"/></td>

</tr>

<tr>

<td><label>email id</label></td>

<td><input type="email" name="email id" placeholder="please enter the email id"/></td>

</tr>

<tr>

<td><label>website url</label></td>

<td><input type="URL" name="website" placeholder="please enter website url"/></td>

</tr>

<tr>

<td><label>date of birth</label></td>

<td><input type="date" name="dob" placeholder="DD-MM-YYYY"/></td>

</tr>

<tr>

<td><label>abilities to learn new technology</label></td>

<td><input type="range" min=0 max=60/></td>

</tr>

<tr>

<td><label> time of registration</label></td>

<td><input type="time" value=00:00 /></td>

</tr>

<tr>

<td colspan=2 align="justify"><input type="submit" value="submit"> </td>

</tr>

</fieldset id>

</form>

</center>

</body>

</html>