            <label for="lname">Last Name:</label>

            <input type="text" id="lname" name="lname" placeholder="Enter your last name" required>

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

            <input type="email" id="email" name="email" placeholder="Enter your email" required>

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

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

<fieldset>

            <legend>Preferences</legend>

            <label for="city">Select your city:</label>

            <select id="city" name="city">

                <option value="chennai">Chennai</option>

                <option value="coimbatore">Coimbatore</option>

                <option value="madurai">Madurai</option>

            </select>

            <label for="message">Message:</label>

            <textarea id="message" name="message" rows="4" placeholder="Write your message"></textarea>

        </fieldset>

<!DOCTYPE html>

<html lang="en">

<head>

    <link rel="stylesheet" href="D:\STUDENTS\e0124004\css1.css">

    <title>Styled Form</title>

</head>

<body>

    <form action="/submit\_form" method="POST">

        <fieldset>

            <legend>Personal Information</legend>

            <label for="fname">First Name:</label>

            <input type="text" id="fname" name="fname" placeholder="Enter your first name" required>

        </fieldset>

        <input type="submit" value="Submit">

    </form>

</body>

</html>

    body {

        font-family: Arial, sans-serif;

        background-color: #f9f9f9;

        margin: 0;

        padding: 20px;

    }

    form {

        max-width: 400px;

        margin: 0 auto;

        background-color: white;

        border: 1px solid #ccc;

        border-radius: 10px;

        padding: 20px;

        box-shadow: 0 4px 6px rgba(0, 0, 0, 0.1);

    }

    label {

        display: block;

        font-weight: bold;

        margin-bottom: 5px;

    }

    input, select, textarea, button {

        width: 100%;

        padding: 10px;

        margin-bottom: 15px;

        border: 1px solid #ccc;

        border-radius: 5px;

        box-sizing: border-box;

    }

    input[type="submit"] {

        background-color: #4CAF50;

        color: white;

        cursor: pointer;

    }

    input[type="submit"]:hover {

        background-color: #45a049;

    }

    legend {

        font-size: 1.2em;

        font-weight: bold;

        margin-bottom: 10px;

    }

New one

<!DOCTYPE html>

<html lang="en">

<head>

<link rel="stylesheet" href="D:\STUDENTS\e0124004\css1.css">

<title>Styled Form</title>

</head>

<body>

<h1>Admission Form</h1>

<form action="/submit\_form" method="POST">

<fieldset>

<legend>Personal Information</legend>

<label for="fname">First Name:</label>

<input type="text" id="fname" name="fname" placeholder="Enter your first name" required>

<br><br>

<label for="lname">Last Name:</label>

<input type="text" id="lname" name="lname" placeholder="Enter your last name" required>

<br><br>

<label for="btype">Blood Type:</label>

<input type="text" id="btype" name="btype" placeholder="Enter your blood type" required>

</fieldset>

<fieldset>

<legend>Educational Qualifications</legend>

<label for="mark1">10TH PERCENTAGE</label>

<input type="number" id="mark1" name="mark1" placeholder="Enter your 10th percentage" required>

<br><br>

<label for="mark2">12TH PERCENTAGE</label>

<input type="number" id="mark2" name="mark2" placeholder="Enter your 12th percentage" required>

<br><br>

<label for="mark3">COLLEGE OVERALL CGPA </label>

<input type="number" id="mark3" name="mark13" placeholder="Enter your college cgpa" required>

</fieldset>

<fieldset>

<legend>Personal Info</legend>

<label for="mark14">Phone Number</label>

<input type="number" id="mark14" name="mark14" placeholder="Phone Number" required>

<br><br>

<label for="mark21">Email Id</label>

<input type="email" id="mark21" name="mark21" placeholder="Email ID" required>

</fieldset>

<fieldset>

<legend>Address</legend>

<label for="city">Select your city:</label>

<select id="city" name="city">

<option value="chennai">Chennai</option>

<option value="coimbatore">Coimbatore</option>

<option value="madurai">Madurai</option>

<option value="tiruchirappalli">Tiruchirappalli</option>

<option value="salem">Salem</option>

<option value="erode">Erode</option>

<option value="vellore">Vellore</option>

<option value="thanjavur">Thanjavur</option>

<option value="kanyakumari">Kanyakumari</option>

<option value="tirunelveli">Tirunelveli</option>

</select>

<br><br>

<label for="address">Address:</label>

<textarea id="address" name="address" rows="4" placeholder="Write your address"></textarea>

<br><br>

</fieldset>

<input type="submit" value="Submit">

</form>

</body>

</html>