<!DOCTYPE html>

<html>

<body>

<h2>HTML FORM</h2>

<form>

<label for="fname"><strong>First name:</strong></label><br>

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

<label for="lname"><strong>Last name:</strong></label><br>

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

<p><strong>Choose your gender:</strong></p>

<input type="radio" id="male" name="gender" value="male">

  <label for="male">male</label>

  <input type="radio" id="female" name="gender" value="female">

  <label for="female">female</label><br><br>

<label for="dob"><strong>Date of birth:</strong><strong></label>

<input type="date" id="DOB" name="DOB" value=""><br><br>

<label for="mob\_no"><strong>Mobile number:</strong></label>

<input type="tel" id="pno" name="mob\_no" value=""><br>

<p><strong>Select your favourite subject:</strong></p>

<input type="checkbox" id="sub1" name="sub1" value="">

<label for="sub1"> Data structure</label><br>

<input type="checkbox" id="sub2" name="sub2" value="">

<label for="sub2"> Operating system</label><br>

<input type="checkbox" id="sub3" name="sub3" value="">

<label for="sub3"> Python programming</label><br><br>

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

  </form>

</body>

</html>

