```html
<html>
<head>
<title>Regular Registration Form</title>
<link rel="stylesheet" type="text/css" href="hello.css"> <!-- External css  -->
<style>
<!-- Internal css is used -->
label{
        font-family:Helvetica, sans-serif;
        color:yellow;
}

input{
border:2px solid black;
  width: 100%;
  padding: 12px 20px;
  margin: 8px 0;
  box-sizing: border-box;
}
</style>

</head>
<body>
<h1 style="color:red;text-align:center;">Regular Registration Form</h1><!-- Intline css
is used -->
<h2>Overline Uppercase</h2>
<h3>Text underline</h3>
<h4>welcome</h4>
<section>
<label class="firstname">First Name</label>
<input type="text" placeholder="First Name"><br>
<label>Last Name</label>
<input type="text" placeholder="Last Name"><br>
<label>Date of birth</label>
<input type="date" placeholder="date of birth"><br>


<label>Select Course</label>
<select style="width:100%;background-color:lightblue;color:black;margin: 8px
0;height:40px;">
<option value="BCA">BCA</option>
<option value="Mech">Mech</option>
<option value="Civil">CIvil</option>
<option value="CSE">CSE</option>
<option value="BBA">BBA</option>
<option value="Bse">BSe</option>
<option value="Bcom">Bcom</option>
<option value="BA English">BA English</option>
</select><br>
<br>
<label>Gender</label>
```

```html
<select style="width:100%;background-color:lightblue;color:black;margin: 8px 0;height:40px;">
<option value="Male">Male</option>
<option value="Female">Female</option>
<option value="Other">Other</option>

</select><br>
<br>

<label>Email</label>
<input type="email" placeholder="Email"><br>
<label>Contact Number</label>
<input type="number" placeholder="Phone Number"><br>

<label>Address</label><br>
<textarea rows="4" cols="30" style="width: 100%;
  height: 150px;
  padding: 12px 20px;
  box-sizing: border-box;
  border: 2px solid black;
  border-radius: 4px;

  resize: none;">
</textarea><br>
<label>Nationality</label>
<input type="text" placeholder="Country"><br>
<label>State</label>
<input type="text" placeholder="State"><br>
<label>District</label>
<input type="text" placeholder="District"><br>
<label>PIN Code</label>
<input type="number" placeholder="PIN"><br>
<br>

<br>
<button>
SUBMIT
</button>
</section>
</body>
</html>
```