<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>HTML5 Form Example</title>

<style>

body {

font-family: Arial, sans-serif;

background-color: #f4f4f4;

margin: 0;

padding: 0;

}

.container {

max-width: 500px;

margin: 50px auto;

padding: 20px;

background: white;

border-radius: 8px;

box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);

}

h1 {

text-align: center;

color: #333;

}

.form-group {

margin-bottom: 15px;

}

label {

display: block;

margin-bottom: 5px;

color: #555;

}

input[type="text"],

input[type="email"],

input[type="password"],

input[type="date"],

select,

textarea {

width: 100%;

padding: 10px;

border: 1px solid #ccc;

border-radius: 4px;

box-sizing: border-box; /\* Include padding and border in the element's total width and height \*/

}

button {

width: 100%;

padding: 10px;

background-color: #28a745;

border: none;

border-radius: 4px;

color: white;

font-size: 16px;

cursor: pointer;

}

button:hover {

background-color: #218838;

}

</style>

</head>

<body>

<div class="container">

<h1>Registration Form</h1>

<form action="#" method="POST">

<div class="form-group">

<label for="name">Name:</label>

<input type="text" id="name" name="name" required placeholder="John Doe">

</div>

<div class="form-group">

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

<input type="email" id="email" name="email" required placeholder="example@example.com">

</div>

<div class="form-group">

<label for="password">Password:</label>

<input type="password" id="password" name="password" required minlength="6" placeholder="Password">

</div>

<div class="form-group">

<label for="dob">Date of Birth:</label>

<input type="date" id="dob" name="dob" required>

</div>

<div class="form-group">

<label for="gender">Gender:</label>

<select id="gender" name="gender" required>

<option value="">Select Gender</option>

<option value="male">Male</option>

<option value="female">Female</option>

<option value="other">Other</option>

</select>

</div>

<div class="form-group">

<label for="bio">Bio:</label>

<textarea id="bio" name="bio" rows="4" placeholder="Tell us about yourself..."></textarea>

</div>

<div class="form-group">

<label for="newsletter">

<input type="checkbox" id="newsletter" name="newsletter">

Subscribe to newsletter

</label>

</div>

<button type="submit">Register</button>

</form>

</div>

</body>

</html>