Aim: Design a registration form with HTML5 form tags.

Program:

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<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Registration Form</title>
  <style>
    body {
      font-family: Arial, sans-serif;
      margin: 20px;
      padding: 20px;
      max-width: 600px;
      border: 1px solid #ddd;
      border-radius: 8px;
    }
    label {
      display: block;
      margin-bottom: 5px;
    }
    input, select {
      margin-bottom: 10px;
      width: 100%;
      padding: 8px;
      box-sizing: border-box;
    }
    .form-group {
      margin-bottom: 15px;
    }
  </style>
</head>
<body>
  <h1>Registration Form</h1>
  <form action="/submit" method="post">
    <!-- Text input -->
    <div class="form-group">
      <label for="username">Username:</label>
      <input type="text" id="username" name="username" required>
    </div>
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<!-- Password input -->
<div class="form-group">
  <label for="password">Password:</label>
  <input type="password" id="password" name="password" required>
</div>
<!-- Email input -->
<div class="form-group">
  <label for="email">Email:</label>
  <input type="email" id="email" name="email" required>
</div>
<!-- Select dropdown -->
<div class="form-group">
  <label for="country">Country:</label>
  <select id="country" name="country" required>
    <option value="">Select your country</option>
    <option value="usa">United States
    <option value="canada">Canada</option>
    <option value="uk">United Kingdom</option>
    <option value="australia">Australia
  </select>
</div>
<!-- Color picker -->
<div class="form-group">
 <label for="color">Favorite Color:</label>
  <input type="color" id="color" name="color" value="#ff0000">
</div>
<!-- Range input -->
<div class="form-group">
 <label for="age">Age (between 18 and 100):</label>
 <input type="range" id="age" name="age" min="18" max="100" value="25" step="1">
  <output for="age" id="age-output">25</output>
</div>
<!-- Date input -->
<div class="form-group">
  <label for="birthdate">Birthdate:</label>
  <input type="date" id="birthdate" name="birthdate" required>
</div>
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<!-- Time input -->
<div class="form-group">
 <label for="appointment">Preferred Appointment Time:</label>
  <input type="time" id="appointment" name="appointment">
</div>
<!-- Radio buttons -->
<div class="form-group">
 <fieldset>
    <legend>Gender:</legend>
    <label>
      <input type="radio" name="gender" value="male" required>
      Male
    </label>
    <label>
      <input type="radio" name="gender" value="female" required>
      Female
    </label>
    <label>
      <input type="radio" name="gender" value="other">
      Other
    </label>
 </fieldset>
</div>
<!-- Checkboxes -->
<div class="form-group">
 <fieldset>
    <legend>Interests:</legend>
      <input type="checkbox" name="interests" value="sports">
      Sports
    </label>
    <label>
      <input type="checkbox" name="interests" value="music">
      Music
    </label>
    <label>
      <input type="checkbox" name="interests" value="reading">
      Reading
    </label>
  </fieldset>
</div>
```

