Code:

```html
<!DOCTYPE html>
<html lang="en">
<head>
<meta charset="UTF-8">
<meta name="viewport" content="width=device-width, initial-scale=1.0">

<style>

    body {
        font-family: Arial, sans-serif;
        display: flex;
        justify-content: center;
        align-items: center;
        flex-direction: column;
        min-height: 100vh;
        margin: 0;
        background-color: #f0f0f0;
    }

    form {
        justify-content: center;
        align-items: center;
        margin-top: 20px;
        padding: 20px;
        background: #ffffff;
        box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
        border-radius: 8px;
    }

    h1 {
        color: #333;
        text-align: center;
    }

    fieldset {
        border: 1px solid #ccc;
```
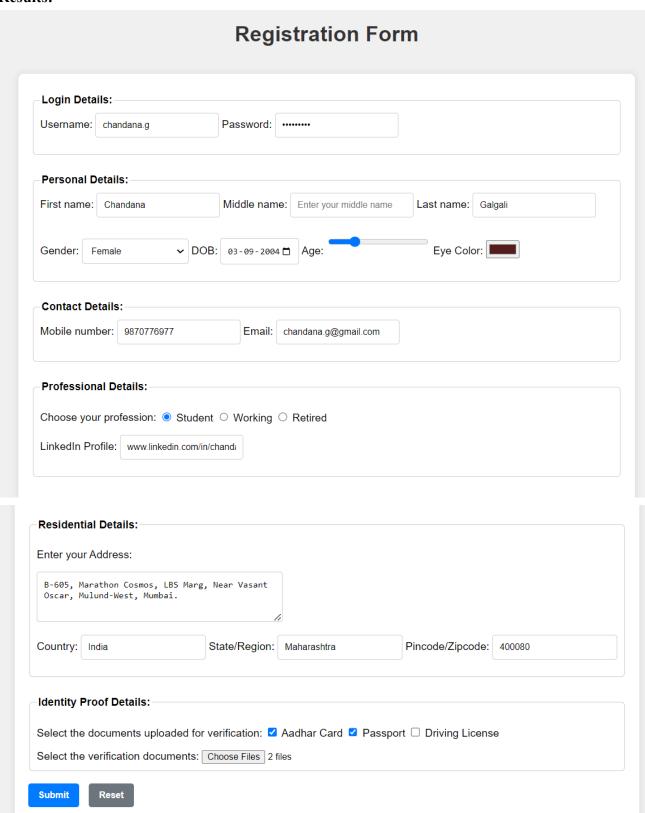
```css
        margin-top: 10px;
        padding: 10px;
        border-radius: 5px;
}

legend {
        font-weight: bold;
}

label {
        margin: 10px 0 5px;
}

input[type="text"],
input[type="password"],
input[type="date"],
input[type="tel"],
input[type="email"],
input[type="range"],
input[type="url"],
select,
textarea {
        width: fit-content;
        padding: 10px;
        margin-bottom: 15px;
        border: 1px solid #ccc;
        border-radius: 4px;
}

input[type="submit"],
input[type="reset"] {
        cursor: pointer;
        font-weight: bold;
        padding: 10px 15px;
        border: none;
        border-radius: 4px;
        margin-right: 10px;
        background-color: #007bff;
        color: white;
}
```

```
    input[type="reset"] {
        background-color: #6c757d;
    }


    input[type="submit"]:hover,
    input[type="reset"]:hover {
        opacity: 0.9;
    }

</style>
</head>
<body>
    <h1>Registration Form</h1>
    <form method="post" action="">

<fieldset><legend>Login Details:</legend>
        <label for="username">Username:</label>
        <input type="text" id="username" name="username" autofocus>
        <label for="pwd">Password:</label>
        <input type="password" id="pwd" name="pwd">
</fieldset><br>

<fieldset><legend>Personal Details:</legend>
        <label for="fname">First name:</label>
        <input type="text" id="fname" name="fname" required
placeholder="Enter your first name" minlength="2" maxlength="100"
pattern="[A-Za-z]+">
        <label for="mname">Middle name:</label>
        <input type="text" id="mname" name="mname" placeholder="Enter your
middle name" minlength="2" maxlength="100" pattern="[A-Za-z]+">
        <label for="lname">Last name:</label>
        <input type="text" id="lname" name="lname" required
placeholder="Enter your last name" minlength="2" maxlength="100"
pattern="[A-Za-z]+"><br>
        <label for="gender">Gender:</label>
        <select id="gender" name="gender" required>
        <option value="" disabled selected>Select your gender</option>
        <option value="male">Male</option>
        <option value="female">Female</option>
```
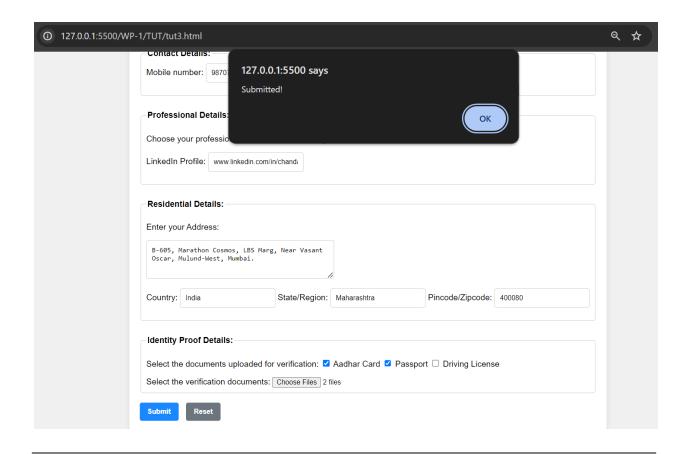
```html
        <option value="other">Other</option>
        </select>
        <label for="dob">DOB:</label>
        <input type="date" id="dob" name="dob" required min="1900-01-01"
max="2010-12-31">
        <label for="age">Age:</label>
        <input type="range" id="age" name="age" min="0" max="100" step="1"
value="18" title="Adjust age">
        <label for="eyecolor">Eye Color:</label>
        <input type="color" id="eyecolor" name="eyecolor" value="#ffffff"
title="Choose your favorite color">
</fieldset><br>

<fieldset><legend>Contact Details:</legend>
        <label for="phone">Mobile number:</label>
        <input type="tel" id="phone" name="phone" required
placeholder="9870776977" pattern="[0-9]{10}" maxlength="10" title="Ten
digit mobile number">
        <label for="email">Email:</label>
        <input type="email" id="email" name="email" required
placeholder="username@gmail.com"
pattern="[a-z0-9._%+-]+@[a-z0-9.-]+\.[a-z]{2,}$" title="Email address">
</fieldset><br>

<fieldset><legend>Professional Details:</legend>
        <p>Choose your profession:
        <input type="radio" id="student" name="profession"
value="Student">
        <label for="student">Student</label>
        <input type="radio" id="working" name="profession"
value="Working">
        <label for="working">Working</label>
        <input type="radio" id="retired" name="profession"
value="Retired">
        <label for="retired">Retired</label></p>
        <label for="linkedin">LinkedIn Profile:</label>
        <input type="url" id="linkedin" name="linkedin"
placeholder="https://example.com" pattern="https?://.*" title="Include
http:// or https://">
</fieldset><br>
```

```html
<fieldset><legend>Residential Details:</legend>
        <p>Enter your Address:</p>
        <textarea name="message" style="width:400px;
height:150px;"></textarea><br>
        <label for="country">Country:</label>
        <input type="text" id="country" name="country" required
placeholder="Country" >
        <label for="state">State/Region:</label>
        <input type="text" id="state" name="state" required
placeholder="State/Region">
        <label for="pincode">Pincode/Zipcode:</label>
        <input type="text" id="pincode" name="pincode" pattern="\d{6}"
required placeholder="Enter your pincode/zipcode">
</fieldset><br>

<fieldset><legend>Identity Proof Details:</legend>
        <p>Select the documents uploaded for verification:
        <input type="checkbox" id="aadharcard" name="aadharcard"
value="Aadhar Card">
        <label for="aadharcard"> Aadhar Card</label>
        <input type="checkbox" id="passport" name="passport"
value="Passport">
        <label for="passport"> Passport</label>
        <input type="checkbox" id="drivinglicense" name="drivinglicense"
value="Driving License">
        <label for="drivinglicense"> Driving License</label></p>
        <label for="myfile">Select the verification documents:</label>
        <input type="file" id="myfile" name="myfile" multiple
accept=".pdf,.doc,.jpg" title="Upload documents">
</fieldset><br>
        <input type="submit" onclick="alert('Submitted!')" value="Submit">
        <input type="reset" value="Reset">
    </form>
</body>
</html>
```

Results:

Registration Form

Login Details:

Username: chandana.g   Password: ••••••••

Personal Details:

First name: Chandana   Middle name: Enter your middle name   Last name: Galgali

Gender: Female   DOB: 03 - 09 - 2004   Age: ———○———   Eye Color: ▉

Contact Details:

Mobile number: 9870776977   Email: chandana.g@gmail.com

Professional Details:

Choose your profession: ● Student ○ Working ○ Retired

LinkedIn Profile: www.linkedin.com/in/chand:

Residential Details:

Enter your Address:

```
B-605, Marathon Cosmos, LBS Marg, Near Vasant
Oscar, Mulund-West, Mumbai.
```

Country: India   State/Region: Maharashtra   Pincode/Zipcode: 400080

Identity Proof Details:

Select the documents uploaded for verification: ☑ Aadhar Card ☑ Passport ☐ Driving License
Select the verification documents: Choose Files 2 files

Submit   Reset

Outcomes: Create Web pages using HTML 5 and CSS.

Conclusion: (Conclusion to be based on the outcomes achieved)

This experiment with designing forms using HTML5 input elements and attributes successfully demonstrated the power of HTML5 in creating efficient, user-friendly, and accessible web forms. It highlighted the importance of utilizing the right input types and attributes to enhance the user experience, streamline data collection, and ensure compatibility across a wide range of devices and browsers.