HTML FORMS

<body>

<head>

<form enctype="multipart/form-data" >

 <div>

    <label >Name</label>

    <input type="text" value="user" required>

</div>

<div>

    <label>Password</label>

    <input type="password">

</div>

<div>

    <label for="age">Age</label>

    <input type="number" name="age" id="age" min="10">

</div>

<div>

    <label for="date">Birthday</label>

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

</div>

<div>

    FAVORITE FOOD

    <div>

<lable for="banana">Banana</lable>

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

    </div>

    <div>

        GENDER

        <div>

            <label for="male">Male</label>

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

        </div>

        <div>

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

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

        </div>

    </div>

    <div>

        <label for="eyecolor">Eyecolor</label>

        <select name="eyecolor" id="eyecolor" >

            <option value="Green" >Green</option>

            <option value="Red" >REd</option>

 </select>

</div>

<div>

    <label for="file">File</label>

    <input type="file" name="file" id="file">

    </div>

    <div>

        <label for="phone">Phone</label>

        <input type="tel" name="phone" id="phone">

 </div>

 <div>

    <label for="url">URL</label>

    <input type="url" name="url" id="url">

</div>

<div>

    <lable for="color">Color</lable>

    <input type="color" name="color" id="color">

</div>

</div>

<div>

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

<textarea  name="bio"   id="bio"></textarea>

</div>

</div>

 <button>Submit</button>

 <button>Reset</button>

</form>

</body>

</head>

