

```

<!DOCTYPE html>
<html lang="en">
<head>
  <title>Registration Form</title>
</head>
<body>
<fieldset>
  <legend>Registration Form</legend>
  <br>
  <center>
    <form>
      <label>First Name: <span style="color: red;">*</span></label>
      <input type="text" required maxlength="10"><br><br>
      <label>Last Name : <span style="color: red;">*</span></label>
      <input type="text" required maxlength="10"><br><br>
      <label>Date of birth :<span style="color: red;">*</span></label>
      <input type="date" required><br><br>
      <label>Gender</label>
      <input type="radio" name="gender"/>Male
      <input type="radio" name="gender"/>Female
      <input type="radio" name="gender"/>other
      <br><br>
      <label>Degree</label>
      <select>
        <option value="Bachelors">Bachelors</option>
        <option value="Masters">Masters</option>
        <option value="Doctorate">Doctorate</option>
      </select><br><br>
      <label>Specialization</label>
      <input type="text" maxlength="40"><br><br>
      <label>Current CGPA</label>
      <input type="number" min="0"max="5" step="0.1"><br><br>
      <label>Phone Number</label>
      <input type="text" pattern="[0-9]*"/><br><br>
      <label>Address</label>
      <textarea rows="4" cols="40">
      </textarea><br><br>
      <input type="button" value="Submit">
    </form>
  </center>
</fieldset>
</body>
</html>

```