<html>

<head>

<title>Sign Up</title>

</head>

<body>

<h1>Sign Up</h1>

<form>

<label for="first-name">First Name:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp; </label>

<input type="text" id="first-name"placeholder="Enter First Name" required>

<br><br>

<label for="last-name">Last Name:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="text" id="last-name" placeholder="Enter Last Name" required>

<br><br>

<label>Date of Birth:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="number" id="dob-day" placeholder="Day" required>

<input type="number" id="dob-month" placeholder="Month" required>

<input type="number" id="dob-year" placeholder="Year" required>

<br><br>

<label>Gender:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

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

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

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

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

<br><br>

<label for="country">Country:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<select id="country" required>

<option value="" disabled selected>Select Country</option>

<!-- Add more country options here -->

<option value="SL">Sri Lanka</option>

<option value="In">India</option>

<option value="Ko">Korea</option>

<!-- Add more country options here -->

</select>

<br><br>

<label for="email">E-mail:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="email" id="email" placeholder="Enter E-mail" required>

<br><br>

<label for="phone">Phone:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="tel" id="phone" placeholder="Enter Phone" required>

<br><br>

<label for="password">Password:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="password" id="password" placeholder=" " required>

<br><br>

<label for="confirm-password">Confirm Password:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="password" id="confirm-password" placeholder=" " required>

<br><br>

<label>

<div id="tic-bar" onclick="toggleTicBar()"></div>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;

<input type="checkbox">I Agree to the Terms of Use

</label><br><br>

<input type="submit" value="Submit"> <input type="submit" value="Cancel">

</form>

</body>

</html>