<DOCTYPE html>

<html>

<head>

<title>Registration Form</title>

</head>

<body>

<form>

<table>

<tr>

<td>

Name:

</td>

<td>

<input type="text" placeholder="Name"name="">

</td>

</tr>

<tr>

<td>

Password :

</td>

<td>

<input type="Password" placeholder="Password"name="">

</td>

</tr>

<tr>

<td>

Gender :

</td>

<td>

<input type="Gender" placeholder="Gender"name="">

</td>

</tr>

<tr>

<td>

Email :

</td>

<td>

<input type="Email"placeholder="Email"name="">

</td>

</tr>

<tr>

<td>

Phone Number :

</td>

<td>

<input type="Phone Number=" placeholder="Phone Number"name="">

</td>

</tr>

<tr>

<td>

<input type="Submit" value="Submit"name="">

</td>

</tr>

<tr>

</table>

</form>

</body>

</html>