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<html>
<head>
<title> practice </title>
</head>
<body>

<h1> fill your form here! </h1>
<form>
<fieldset>
<legend> user personal information </legend>
Enter you full name:
<br>
<input type = "text" value = "" minlength = "3" maxlength = "12"><br><br>
Enter you email:
<br>
<input type = "text" value = ""><br><br>
Enter your password!:
<br>
<input type = "password" value = ""><br><br>
Confirm your password!:
<br>
<input type = "password" value = ""><br><br>
Enter your date of birth:
<br>
<input type = "date" value = "date"><br><br>
Enter you gender:
<br>
male:
<input type = "checkbox" name = "male">
Female:
<input type = "checkbox" name = "female">
others:
<input type = "checkbox" name = "others"><br><br>
Enter your address:
<br>
<textarea rows = "3" columns = "20" name = "description"> </textarea>
<br> <br>
Select any international language you know:- <br>
<select>
<option = "Languages"> languages... </option>
<option = "english"> english </option>
<option = "japanese"> japanese </option>
<option = "french"> french </option>
<option = "rusian"> rusian </option>
<option = "german"> german </option>
<option = "others"> others.. </option>
</select>
<br> <br>
Please upload your photograph here! <br>
<input type="file" name="fileupload" accept="image/*">
<br><br>
Duration of undergraduate degree- <br>
<input type="range" name="years"> Years
<br>
visit this page! <br>
<a href = "type URL"> name you URL! </a>
</form>
<center>
<input type = "submit" value = "submit">
<nbsp>
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</center>  
</body>  
</html>
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