```html
<!DOCTYPE html>

<head>
    <title>Registra on Form | vtucode</title>
    <style>
        body {
            font-family: Arial, sans-serif;
            background-color: #f0f4f8;
            margin: 0;
            padding: 20px;
            display: flex;
            jus fy-content: center;
            align-items: center;
            min-height: 100vh;
        }

        .container {
            width: 100%;
            max-width: 600px;
            background-color: #fff;
            padding: 20px;
            border-radius: 8px;
            box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
            display: flex;
            flex-direc on: column;
            gap: 20px;
        }

        h2 {
            text-align: center;
            color: #333;
            margin: 0;
        }
```

```css
.form-group {
    display: flex;
    flex-direc on: column;
    gap: 5px;
    margin-bo om: 10px;
}

label {
    font-size: 14px;
    color: #555;
}

input[type="text"],
input[type="email"],
input[type="password"],
input[type="date"],
select,
textarea {
    padding: 10px;
    border: 1px solid #ccc;
    border-radius: 4px;
    font-size: 14px;
}

.gender-op ons {
    display: flex;
    gap: 10px;
    align-items: center;
}

input[type="submit"],
input[type="reset"] {
```

```
      padding: 10px 20px;

      border: none;

      border-radius: 4px;

      cursor: pointer;

      font-size: 16px;

      flex: 1;

    }


    .bu on-group {

      display: flex;

      gap: 10px;

      jus fy-content: center;

    }


    input[type="submit"] {

      background-color: #4CAF50;

      color: white;

    }


    input[type="reset"] {

      background-color: #f44336;

      color: white;

    }


    .form-group textarea {

      margin-bo om: 10px;

    }

  </style>

</head>


<body>

  <div class="container">

    <h2>Registra on Form</h2>
```

```html
<form ac on="#" method="post">
    <div class="form-group">
        <label for="firstName">First Name:</label>
        <input type="text" id="firstName" name="firstName" required>
    </div>
    <div class="form-group">
        <label for="lastName">Last Name:</label>
        <input type="text" id="lastName" name="lastName" required>
    </div>
    <div class="form-group">
        <label for="email">Email:</label>
        <input type="email" id="email" name="email" required>
    </div>
    <div class="form-group">
        <label for="password">Password:</label>
        <input type="password" id="password" name="password" required>
    </div>
    <div class="form-group">
        <label for="dob">Date of Birth:</label>
        <input type="date" id="dob" name="dob">
    </div>
    <div class="form-group">
        <label>Gender:</label>
        <div class="gender-op ons">
            <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>
        </div>
    </div>
    <div class="form-group">
        <label for="country">Country:</label>
        <select id="country" name="country">
```

```
                    <op on value="usa">USA</op on>

                    <op on value="canada">Canada</op on>

                    <op on value="uk">UK</op on>

                    <op on value="india">India</op on>

                </select>

            </div>

            <div class="form-group">

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

                <textarea id="bio" name="bio" rows="4"></textarea>

            </div>

            <div class="bu on-group">

                <input type="submit" value="Register">

                <input type="reset" value="Reset">

            </div>

        </form>

    </div>

</body>


</html>
```