

```
<!DOCTYPE html>

<head>
    <title>Registration Form | vtucode</title>
    <style>
        body {
            font-family: Arial, sans-serif;
            background-color: #f0f4f8;
            margin: 0;
            padding: 20px;
            display: flex;
            justify-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-direction: column;
            gap: 20px;
        }

        h2 {
            text-align: center;
            color: #333;
        }
    </style>

```

```
margin: 0;  
}  
  
.form-group {  
    display: flex;  
    flex-direction: column;  
    gap: 5px;  
    margin-bottom: 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-options {  
    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;  
}
```

```
.button-group {  
    display: flex;  
    gap: 10px;  
    justify-content: center;  
}
```

```
input[type="submit"] {  
    background-color: #4CAF50;  
    color: white;  
}
```

```
input[type="reset"] {  
    background-color: #f44336;  
    color: white;  
}
```

```
.form-group textarea {  
    margin-bottom: 10px;  
}
```

```
</style>

</head>

<body>
<div class="container">
<h2>Registration Form</h2>
<form action="#" 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-options">
<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">
        <option value="usa">USA</option>
        <option value="canada">Canada</option>
        <option value="uk">UK</option>
        <option value="india">India</option>
    </select>
</div>
<div class="form-group">
    <label for="bio">Bio:</label>
    <textarea id="bio" name="bio" rows="4"></textarea>
</div>
<div class="button-group">
    <input type="submit" value="Register">
    <input type="reset" value="Reset">
</div>
</form>
</div>
</body>

</html>
```