```
<!DOCTYPE html>
<html>
<head>
  <title>Registration Form</title>
  <style>
    * {
       margin: 0;
       padding: 0;
       box-sizing: border-box;
    body {
       font-family: Arial, sans-serif;
       background-color: #f0f4f8;
       display: flex;
       justify-content: center;
       align-items: center;
       height: 100vh;
     }
     .container {
```

```
background-color: white;
  padding: 20px;
  border-radius: 8px;
  box-shadow: 0 4px 8px rgba(0, 0, 0, 0.1);
  width: 350px;
h2 {
  text-align: center;
  color: #333;
  margin-bottom: 20px;
  text-decoration: underline;
}
form {
  display: flex;
  flex-direction: column;
}
.form-group {
  margin-bottom: 15px;
}
```

```
label {
  color: #555;
  font-size: 14px;
  font-weight:bold;
  margin-bottom: 5px;
  display: block;
}
input, select, button {
  width: 100%;
  padding: 10px;
  border: 1px solid #ccc;
  border-radius: 4px;
  font-size: 14px;
input[type="checkbox"] {
  width: auto;
  margin-right: 5px;
}
```

```
button {
       background-color: #4CAF50;
       color: white;
       border: none;
       cursor: pointer;
       font-size: 16px;
       font-weight: bold;
       padding: 12px;
    button:hover {
       background-color: #35b088;
    }
  </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"</pre>
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"</pre>
required>
       </div>
       <div class="form-group">
         <label for="gender">Gender:</label>
```

```
<select id="gender" name="gender">
           <option value="male">Male</option>
           <option value="female">Female
           <option value="other">Other</option>
        </select>
      </div>
      <div class="form-group">
        <label for="dob">Date of Birth:
        <input type="date" id="dob" name="dob" required>
      </div>
      <div class="form-group">
        <label for="hobbies">Hobbies:</label>
        <div>
             <input type="checkbox" name="hobbies" value="sports">
Sports
             <input type="checkbox" name="hobbies" value="music">
Music
           <input type="checkbox" name="hobbies" value="reading">
Reading
        </div>
      </div>
```