<html>

<head>

<title>Uploading a file</title>

<h1>Uploading a file</h1>

<body>

<form>

<Fieldset>

<legend>User Personal Infomation</legend>

Enter your full name:

<BR>

<input type = "text" value = "" MINLENGTH = "5" MAXLENGTH = "14"><br>

Enter your email:

<br>

<input type = "text" value = "" MINLENGTH = "5" MAXLENGTH = "14">

<br>

Enter your password:

<br>

<input type = "password" value = "" MINLENGTH = "5" MAXLENGTH = "14">

<br>

Conform your password:

<br>

<input type = "password" value = "" MINLENGTH = "5" MAXLENGTH = "14"><br>

Enter your date of birth:

<br>

<input type = "date" value = "date" ><br>

Enter your Gender:

<br>

Male:

<input type = "checkbox" name = "Male" >

Female:

<input type = "checkbox" name = "Female" >

Other:

<input type = "checkbox" name = "Other" >

<br>

Enter your Address:

<br>

<input type = "text" value = "" MINLENGTH = "5" MAXLENGTH = "14">

<br><br>

<select>

<option value = "English">English</option>

</select>

<br>

Please upload your photograph

<br>

<input type = "file" name = "fileupload">

<br>

<form> Duration of undergraduate Degree<br>

<input type = "range">Years

<br>

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

<a href = "URL"name it! </a>

</form>

</body>

</html>