```
<input type=date>
<form>
     <input type="date" min="yyyy-mm-dd" max="yyyy-mm-dd"
step="7">
          <input type="submit">
          </form>
```

```
<input type=time>
<form>
<input type="time">
    <input type="submit">
    </form>
```

```
<input type=color>
<form>
     <input type="color">
          <input type="submit">
          </form>
```

```
<input type=file>
<form>
<input type="file">
     <input type="submit">
     </form>
```

```
<input type=url>
<form>
<input type="url">
    <input type="submit">
    </form>
```

```
<input type=password>
<form>
     <input type="password">
          <input type="submit">
          </form>
```

```
<input type=range>
<form>
     <input type="range">
          <input type="submit">
          </form>
```

<input type=radio>

```
<form>
<input type="radio" name="color" value="red"> Red <br>
<input type="radio" name="color" value="green"> green <br>
<input type="radio" name="color" value="pink"> pink <br>
<input type="submit" value="submit"> </form>
</form>
Try checked
```

<input type=checkbox>

<textarea> Tag

```
<form>
<textarea rows="4" cols="50">

This is dummy text and can be replaced.
</textarea><br>
<input type="submit">
</form>
```

<select> Tag

<optgroup> Tag

```
<form>
    <select id="city">

        <optgroup label="India">
            <option value="delhi">Delhi</option>
            <option value="mumbai">Mumbai</option>
            </optgroup>

        <optgroup label="America">
                <option value="nyc">NYC</option>
            <option value="la">LA</option>
            </optgroup>
        </select>
        <input type="submit" value="Submit">
        </form>
```

<label> Tag

```
<form>
    <input type="checkbox" id="elephant" value="Elephant">
        <label for="elephant">Elephant</label><br>
        <input type="checkbox" id="tiger" value="Tiger">
        <label for="tiger">Tiger</label><br>
        <input type="submit" value="Submit">
        </form>
```

For attribute selects the checkbox when we click on the label.....try removing for

<fieldset> Tag

```
<form>
<fieldset>
<legend>Personal Details:</legend>
<label for="fname">Full Name:</label>
<input type="text" id="fname" name="fname"><br><label for="email">Email:</label>
<input type="email" id="email" name="email"><br><label for="birthday">Birthday:</label>
<input type="date" id="birthday" name="birthday"><br><input type="date" id="birthday" name="birthday"><br><input type="submit" value="Submit"></fieldset>
</form>
```