<!DOCTYPE html>

<html lang="en">

<head>

    <meta charset="UTF-8">

    <meta name="viewport" content="width=device-width, initial-scale=1.0">

    <title>Document</title>

    <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.0.2/dist/css/bootstrap.min.css" rel="stylesheet" integrity="sha384-EVSTQN3/azprG1Anm3QDgpJLIm9Nao0Yz1ztcQTwFspd3yD65VohhpuuCOmLASjC" crossorigin="anonymous">

    <script src="https://cdn.jsdelivr.net/npm/@popperjs/core@2.9.2/dist/umd/popper.min.js" integrity="sha384-IQsoLXl5PILFhosVNubq5LC7Qb9DXgDA9i+tQ8Zj3iwWAwPtgFTxbJ8NT4GN1R8p" crossorigin="anonymous"></script>

    <script src="https://cdn.jsdelivr.net/npm/bootstrap@5.0.2/dist/js/bootstrap.min.js" integrity="sha384-cVKIPhGWiC2Al4u+LWgxfKTRIcfu0JTxR+EQDz/bgldoEyl4H0zUF0QKbrJ0EcQF" crossorigin="anonymous"></script>

<style>

   \*{

    margin: 0;

    padding: 0;

    box-sizing: border-box;

   }

   .container{

    background-image: url(https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTlst33n37g93m8liDygxtpqoPise6krFHX8g&s);

    background-repeat: no-repeat;

    background-size: cover;

    width: 100%;

    height: 100vh;

    display: flex;

    justify-content: center;

    align-items: center;

   }

   .form-box{

    background-color:#1bf1da;

    border-radius: 5px;

    padding: 10px 20px;

    width: 50%;

    height: 550px;

   }

   .form-label-1{

    color:#1a07a6 ;

    font-size: 20px;

   }

   .btn-1{

    margin-top: 10px;

    padding: 5px 20px;

    border-radius: 10px;

   }

   .btn-2{

    margin-left: 300px;

    padding: 5px 20px;

    border-radius:10px ;

   }

</style>

</head>

<body>

  <div class="container">

    <div class="form-box">

    <header>

     <center><h1>Registration Form</h1></center>

    </header>

        <form method="post"action="">

            <form>

                <label for="name" class="form-label-1"> Name</label>

                <input type="text" class="form-control"id="exampleInputEmail1" placeholder=" name" required><br>

              </form>

              <form>

                <label for="last name" class="form-label-1"> Last name</label>

                <input type="text" class="form-control" id="exampleInputEmail1" placeholder=" Last name" required><br>

              </form>

        <form>

              <label for="mobile number" class="form-label-1">mobile number</label>

              <input type="numbers" class="form-control" id="exampleInputEmail1" placeholder="mobile number" pattern="[0-9]" maxlength="10" required><br>

            </form>

            <form>

              <label for="email address" class="form-label-1">Email address</label>

              <input type="email" class="form-control" id="exampleInputPassword1" placeholder="Email address"><br>

            </form>

            <form>

              <input type="checkbox" class="form-check-input" id="exampleCheck1">

              <label class="form-check-label" for="exampleCheck1">Check me out</label>

            </form>

            <footer>

            <button type="click" class="btn-1 btn-success">Submit</button>

            <button type="click" class="btn-2 btn-danger">cancel</button>

          </footer>

          </form>

    </form>

  </div>

</body>

</html>

