```html
<html>
 <body>
    <form>
    <label>USER NAME:</label>
    <input type="text"><br><br>


    <label>PASSWORD:</label>
    <input type="password"><br><br>


    <label>Age</label>
    <input type="number"><br><br>


  <label>Email</label>
  <input type="email"><br><br>


  Gender:<br>
 <input type="radio" name="gender"> Male
 <input type="radio" name="gender"> Female
 <br><br>


Subjects:<br>
 <input type="checkbox"> FWD
 <input type="checkbox"> DSTJ
 <input type="checkbox"> MATHS FOR AI
<br><br>
```

```html
City:
<select>
  <option >Hyderabad</option>
  <option>Bangalore</option>
  <option>Chennai</option>
</select>


<br><br>


  DOB:<input type="date">  <br><br>


  Address:<br>
  <textarea rows="4" cols="30"></textarea>
<br><br>


  Payment Receipt:
 <input type="file" required><br><br>
<br><br>


  <input type="submit"><br><br>
  <input type="reset">



    </form>
  </h1>
```

```html
</body>


    </html>
```