```
\square<html>
<body>
-<form>
 <label><b>Name</b></label>
 <input type="text" id="name" name="uname"><br>
 <label><b>Email</b></label>
 <input type="email"><br>
 <label><b>Mobile Number</b></label>
 <input type="tel"><br>
 <label><b>Gender</b></label>
 <label>Male
 <input type="radio" id="male" name="gender">
 <label>Female
 <input type="radio" id="female" name="gender"><br>
 <label><b>Your hobbies</b></label>
 <label>Programming</label>
 <input type="checkbox">
 <label>Coding</label>
 <input type="checkbox">
 <label>Editing</label>
 <input type="checkbox"><br>
 <label><b>Select Your Country</b></label>
<select>
 <option value="Philippines">Philippines
</select><br>
 <input type="submit" value="update">
-</form>
-</body>
L</html>
```

Name	
Email	
Mobile Number	
Gender Male O Fen	nale O
Your hobbies Program	nming Coding Editing
Select Your Country	Philippines ~
update	

.