<html>  
    <head>    </head>  
    <body>  
        <form>  
            <fieldset>  
                <legend>Register Form</legend>  
                <label for="fullName">  
                    FullName:  
                </label>  
                <input  id="fullName" name="fullName" type="text"><br/><br/>  
                <label for="email">  
                    Email:  
                </label>  
                <input type="email" id="email" name="userEmail"><br/><br/>  
                <label for="password">  
                    Password:  
                <input type="password" id="password" name="passowrd"><br/><br/>  
                </label>  
                <label for="dob">  
                    DOB:  
                </label>  
                <input type="date" id="dob" name="dob"><br/><br/>  
                <input type="submit">  
            </fieldset>  
        </form>  
    </body>  
</html>