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CREATING A FORM IN HTML

CODE:

```html
<!DOCTYPE html>
<html>
<style>
input[type=text], select {
  width: 100%;
  padding: 12px 20px;
  margin: 8px 0;
  display: inline-block;
  border: 1px solid #110c0c;
  border-radius: 4px;
  box-sizing: border-box;
}

input[type=submit] {
  width: 100%;
  background-color: #4a40d3;
  color: white;
  padding: 14px 20px;
  margin: 8px 0;
  border: none;
  border-radius: 4px;
  cursor: pointer;
}

input[type=submit]:hover {
  background-color: #2116be;
}

div {
  border-radius: 5px;
  background-color: #f4e7e7;
  padding: 20px;
}
</style>
<body>

<h1>Fill this Form</h1>

<div>
  <form action="/action_page.php">
```

```html
    <label for="fname">First Name</label>
    <input type="text" id="fname" name="firstname" placeholder="Enter
Your  First Name">

    <label for="lname">Last Name</label>
    <input type="text" id="lname" name="lastname" placeholder="Enter Your Last
Name">

        <p>
        <label for="dob">Date of Birth</label>
        <input type="date" id="dob" name="DOB">
        </p>

        <p>
        <label for="phnum">Mobile Number</label>
        <input type="tel" id="Mobile" name="Mobile"
placeholder="e.g.1234567890">
        </p>

        <label for="designation">Designation</label>
        <select id="designation" name="designation">
            <option value="none">select</option>
            <option value="ug">Under Graduation</option>
            <option value="pg">Post Graduation</option>
            <option value="diploma">Diploma</option>
            <option value="lecturer">Lecturer</option>
            <option value="employee">Employee</option>
        </select>

    <label for="fathername">Father Name</label>
    <input type="text" id="fathername" name="fathername" placeholder="Enter
Your Father Name">

        <p>
        <label for="phnum">Mobile Number</label>
        <input type="tel" id="Mobile" name="Mobile"
placeholder="e.g.1234567890">
        </p>

    <label for="mothername">Mother Name</label>
    <input type="text" id="mothername" name="mothername" placeholder="Enter
Your Mother Name">

        <p>
        <label for="phnum">Mobile Number</label>
        <input type="number" id="Mobile" name="Mobile"
placeholder="e.g.1234567890">
```

```html
        </p>

        <label for="country">Country</label>
        <select id="country" name="country">
          <option value="none">select</option>
          <option value="india">India</option>
          <option value="south korea">South Korea</option>
          <option value="America">America</option>
          <option value="canada">Canada</option>
          <option value="usa">USA</option>
          <option value="australia">Australia</option>
        </select>


        <label for="stet">State</label>
        <input type="text" id="state" name="state" placeholder="Enter Your
State">

        <label for="district">District</label>
        <input type="text" id="district" name="district" placeholder="Enter
Your District">

        <label for="city">City</label>
        <input type="text" id="city" name="city" placeholder="Enter Your
city">

        <label for="address">Address</label>
        <input type="text" id="address" name="address" placeholder="Enter Your
Address">

    <input type="submit" value="Submit">

  </form>
</div>
</body>
</html>
```

OUTPUT:

Fill this Form

First Name

Enter Your First Name

Last Name

Enter Your Last Name

Date of Birth [dd-mm-yyyy ▢]
Mobile Number [e.g.1234567890]
Designation

select ⌄

Father Name

Enter Your Father Name

Mobile Number [e.g.1234567890]
Mother Name

Enter Your Mother Name

Mobile Number [e.g.1234567890]

Country

select ⌄

State

Enter Your State

District

Enter Your District

City

Enter Your city

Address

Enter Your Address

Submit