```
1 <!DOCTYPE html>
  <html>
 3
4 <head>
5
       <meta charset="utf-8" />
6
       <title>Form</title>
7
       <style>
8
           label {
9
               font-weight: bold;
10
           }
11
       </style>
12 </head>
13
14 <body>
       <form action="success.html" method="post">
15
           <label for="firstname">First Name</label>
16
           <input type="text" name="firstname" value="" placeholder="First Name"</pre>
17
   required>
18
           <br><br><br>>
19
           <label for="lastname">Last Name</label>
           <input type="text" name="lastname" value="" placeholder="Last Name">
20
21
           <br><br><br><
22
           <label for="email">Email</label>
23
           <input type="email" name="email" id="email" maxlength="255"</pre>
   placeholder="abc@xyz.uvw">
24
           <br><br><br>>
25
           <label for="pwd">Password</label>
           <input type="password" name="pwd" id="pwd" maxlength="16">
26
27
           <br><br><br><
28
           <label for="age">Age</label>
           <input type="number" name="age" id="age" min="0" max="100">
29
30
           <br><br><br><
31
           <label for="dob">Date of Birth</label>
32
           <input type="date" name="dob" id="dob" min="1900-01-01">
33
           <br><</pre>
           <label for="tob">Time of Birth</label>
34
35
           <input type="time" name="time" id="time">
36
           <br><br><br>></pr>
37
           <div style="border: thin solid black; display: inline-block; padding: 5px;">
38
                <label for="gender">Gender</label><br>
39
                <input type="radio" name="gender" value="male"> Male<br>
                <input type="radio" name="gender" value="female"> Female<br>
40
41
                <input type="radio" name="gender" value="other"> Other
42
           </div>
43
           <br><br><br>></pr>
44
45
           <div style="border: thin solid black; display: inline-block; padding: 5px;">
                <label for="vehicle">Vehicle</label><br>
46
47
                <input type="checkbox" name="vehicle1" value="Bike"> I have a bike<br>
                <input type="checkbox" name="vehicle2" value="Car"> I have a car<br>
48
                <input type="checkbox" name="vehicle3" value="Boat"> I have a boat
49
           </div>
50
51
           <br><br><br>></pr>
           <label for="car">Your Car</label>
52
53
           <select name="car">
                <option value="volvo">Volvo</option>
54
55
                <option value="saab">Saab</option>
56
                <option value="opel">Opel</option>
```

```
<option value="audi">Audi</option>
57
58
          </select>
           <br><br><br>>
59
           <label for="comment">Comment</label>
60
           <textarea name="comment" rows="4" cols="50">Please leave your comments
61
  here...
          </textarea>
62
           <br><br><br>>
63
           <input type="submit" value="Submit">
64
           <input type="reset" value="Reset">
65
       </form>
66
67 </body>
68
69 </html>
```