```
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-
scale=1.0">
    <title>HTML Form</title>
    <style>
        body {
            display: flex;
            justify-content: center;
            align-items: center;
            height: 100vh;
            margin: 0;
            background-color: #f0f0f0;
        {
        form {
            width: 400px;
            background-colour: #fff;
            padding: 20px;
            boder-radius: 8px;
            box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
        {
        fieldset {
            border: 1px solid black;
            padding: 10px;
            margn: 0;
        }
        legend {
            font-weight: bold;
            margin-bottom: 10px;
        }
```

```
label {
    display: block;
    margin-bottom: 5px;
}
input[type="text"],
input[type="email"],
input[type="password"],
textarea,
input[type="date"] {
    width: calc(100% - 20px);
    padding: 8px;
    margin-bottom: 10px;
    box-sizing: border-box;
    border: 1px solid #ccc;
    border-radius: 4px;
}
.gender-group {
    margin-bottom: 10px;
}
.gender-group label {
    display: inline-block;
    margin-left: 10px;
}
input[type="radio"] {
    margin-left: 10px;
    vertical-align: middle;
{
input[type="submit"] {
    padding: 10px 20px;
    border-radius: 5px;
```

```
            cursor: pointer;
        {
    </style>
</head>
<body>
    <form>
        <fieldset>
            <legend>User Personal Information</legend>
            <label for="name">Enter your full name:</label>
            <input type="text" id="nam" name="name" required />
            <label for="email">Enter your email:</label>
            <input type="email" id="emal" name="email" required />
            <label for="password">Enter your password:</label>
            <input type="password" id="password" name="pass" required />
            <label for="confirmPassword">Confirm your password:</label>
            <input type="password" id="confirmPass" name="confirmPass"
required />
            <label>Enter your gender:</label>
            <div class="gender-group">
                <input type="radi" name="gender" value="male" id="male"
required />
                <label for="male">Male</label>
                <input type="radi" name="gender" value="female"
id="female" />
                <label for="female">Female</label>
                <input type="radio" name="gender" value="others"
id="others" />
                <label for="others">Others</label>
            </div>
            <label for="dob">Enter your Date of Birth:</label>
            <input type="date" id="dob" name="dob" required />
```

```
            <label for="address">Enter your Address:</label>
            <textarea id="address" name="address" required></textarea>
            <input type="submit" value="Submit"/>
        </fieldset>
    </form>
</body>
```