ASSIGNMENT-1

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1.Create one form with input and apply css for that

Html code –

```html
1   <!DOCTYPE html>
2   <html>
3   <style>
4   input[type=text], select {
5     width: 100%;
6     padding: 12px 20px;
7     margin: 8px 0;
8     display: inline-block;
9     border: 1px solid #ccc;
10    border-radius: 4px;
11    box-sizing: border-box;
12  }
13
14  input[type=submit] {
15    width: 100%;
16    background-color: #383abd;
17    color: white;
18    padding: 14px 20px;
19    margin: 8px 0;
20    border: none;
21    border-radius: 4px;
22    cursor: pointer;
23  }
24
25  input[type=submit]:hover {
26    background-color: #383abd;
27  }
```

```css
div {
  border-radius: 5px;
  background-color: ■#9fc943;
  padding: 20px;
}
</style>
<body>

<h3>Form</h3>

<div>
  <form action="/action_page.php">
    <label for="fname">First Name</label>
    <input type="text" id="fname" name="firstname" placeholder="Your name..">

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


    <p>
        <label for="dob">Date of Birth</label>
        <input type="date" id="dob" name="DOB">
        </p>
    <p>
        <label for="phnum">Phone Number</label>
        <input type="tel" id="phone" name="phone" placeholder="e.g. +91 000 000 0000" value="+91 ">

        </p>
        <label for="designation">Designation</label>
```

```html
55                  </p>
56          <label for="designation">Designation</label>
57          <select id="designation" name="designation">
58              <option value="ug">UG</option>
59              <option value="pg">PG</option>
60              <option value="diploma">Diploma</option>
61              <option value="lecturer">Lecturer</option>
62          </select>
63
64          <label for="country">Country</label>
65          <select id="country" name="country">
66            <option value="india">India</option>
67            <option value="canada">Canada</option>
68            <option value="usa">USA</option>
69            <option value="australia">Australia</option>
70            <option value="south korea">South Korea</option>
71          </select>
72
73          <input type="submit" value="Submit">
74      </form>
75    </div>
76
77
78  </body>
79  </html>
```

Form

First Name

Your name..

Last Name

Your last name..

Date of Birth dd-mm-yyyy

Phone Number +91

Designation

UG

Country

India

Submit