

Digital Assignment 1

Name: Kanekanti Tejasree

Reg no: 20MIS0265

```
<Html>
```

```
<head>
```

```
<title>
```

Registration Page

```
</title>
```

```
</head>
```

```
<body bgcolor="Lightskyblue">
```

```
<br>
```

```
<br>
```

```
<form>
```

```
<label> Firstname </label>
```

```
<input type="text" name="firstname" size="15"/> <br> <br>
```

```
<label> Middlename: </label>
```

```
<input type="text" name="middlename" size="15"/> <br> <br>
```

```
<label> Lastname: </label>
```

```
<input type="text" name="lastname" size="15"/> <br> <br>
```

```
<label>
```

Course :

```
</label>
```

```
<select>
```

```
<option value="Course">Course</option>
```

```
<option value="BCA">BCA</option>
```

```
<option value="BBA">BBA</option>
```

```
<option value="B.Tech">B.Tech</option>
```

```
<option value="MBA">MBA</option>
```

```
<option value="MCA">MCA</option>
<option value="M.Tech">M.Tech</option>
</select>
```

```
<br>
```

```
<br>
```

```
<label>
```

Gender :

```
</label><br>
```

```
<input type="radio" name="male"/> Male <br>
```

```
<input type="radio" name="female"/> Female <br>
```

```
<input type="radio" name="other"/> Other
```

```
<br>
```

```
<br>
```

```
<label>
```

Phone :

```
</label>
```

```
<input type="text" name="country code" value="+91" size="2"/>
```

```
<input type="text" name="phone" size="10"/> <br> <br>
```

Address

```
<br>
```

```
<textarea cols="80" rows="5" value="address">
```

```
</textarea>
```

```
<br> <br>
```

Email:

```
<input type="email" id="email" name="email"/> <br>
```

```
<br> <br>
```

Password:

```
<input type="Password" id="pass" name="pass"> <br>
```

```
<br> <br>
```

Re-type password:

```
<input type="Password" id="repass" name="repass"> <br> <br>
<input type="button" value="Submit"/>
</form>
</body>
</html>
```

2.

```
<!DOCTYPE html>
<html>
<head>
<meta name="viewport" content="width=device-width, initial-scale=1">
<style>
body{
  font-family: Calibri, Helvetica, sans-serif;
  background-color: pink;
}
.container {
  padding: 50px;
  background-color: lightblue;
}
```

```
input[type=text], input[type=password], textarea {
  width: 100%;
  padding: 15px;
  margin: 5px 0 22px 0;
  display: inline-block;
  border: none;
  background: #f1f1f1;
}
```

```
input[type=text]:focus, input[type=password]:focus {
  background-color: orange;
```

```

    outline: none;
}
div {
    padding: 10px 0;
}
hr {
    border: 1px solid #f1f1f1;
    margin-bottom: 25px;
}
.registerbtn {
    background-color: #4CAF50;
    color: white;
    padding: 16px 20px;
    margin: 8px 0;
    border: none;
    cursor: pointer;
    width: 100%;
    opacity: 0.9;
}
.registerbtn:hover {
    opacity: 1;
}
</style>
</head>
<body>
<form>
    <div class="container">
        <center> <h1> Student Registration Form</h1> </center>
        <hr>
        <label> Firstname </label>
        <input type="text" name="firstname" placeholder= "Firstname" size="15" required />

```

<label> Middlename: </label>

<input type="text" name="middlename" placeholder="Middlename" size="15" required />

<label> Lastname: </label>

<input type="text" name="lastname" placeholder="Lastname" size="15" required />

<div>

<label>

Course :

</label>

<select>

<option value="Course">Course</option>

<option value="BCA">BCA</option>

<option value="BBA">BBA</option>

<option value="B.Tech">B.Tech</option>

<option value="MBA">MBA</option>

<option value="MCA">MCA</option>

<option value="M.Tech">M.Tech</option>

</select>

</div>

<div>

<label>

Gender :

</label>

<input type="radio" value="Male" name="gender" checked > Male

<input type="radio" value="Female" name="gender"> Female

<input type="radio" value="Other" name="gender"> Other

</div>

<label>

Phone :

</label>

<input type="text" name="country code" placeholder="Country Code" value="+91" size="2"/>

<input type="text" name="phone" placeholder="phone no." size="10" / required>

Current Address :

<textarea cols="80" rows="5" placeholder="Current Address" value="address" required>

</textarea>

<label for="email">Email</label>

<input type="text" placeholder="Enter Email" name="email" required>

<label for="psw">Password</label>

<input type="password" placeholder="Enter Password" name="psw" required>

<label for="psw-repeat">Re-type Password</label>

<input type="password" placeholder="Retype Password" name="psw-repeat" required>

<button type="submit" class="registerbtn">Register</button>

</form>

</body>

</html>