

# Modern Application Development (Java Spring Boot)

## Assignment-1

**REG.NO:** 20BCE2752

**NAME:** AATHIRAINATHAN P

---

### 1)HTML:

```
<!DOCTYPE html>
<html>
<head>
  <title>Form</title>
  <link rel="stylesheet" type="text/css" href="styles.css">
</head>
<body>
  <form>
    <h2>Contact Information</h2>
    <div class="form-group">
      <label for="name">Name:</label>
      <input type="text" id="name" name="name" placeholder="Enter your name" required>
    </div>
    <div class="form-group">
      <label for="email">Email:</label>
      <input type="email" id="email" name="email" placeholder="Enter your email" required>
    </div>
    <div class="form-group">
      <label for="phone">Phone:</label>
      <input type="tel" id="phone" name="phone" placeholder="Enter your phone number">
    </div>

    <h2>Address</h2>
    <div class="form-group">
      <label for="street">Street:</label>
      <input type="text" id="street" name="street" placeholder="Enter your street
address">
    </div>
    <div class="form-group">
      <label for="city">City:</label>
      <input type="text" id="city" name="city" placeholder="Enter your city">
    </div>
    <div class="form-group">
      <label for="zip">ZIP Code:</label>
      <input type="text" id="zip" name="zip" placeholder="Enter your ZIP code">
    </div>

    <h2>Gender</h2>
    <div class="form-group radio-container">
```

```

    <label for="male">
      <input type="radio" id="male" name="gender" value="male">
      Male
    </label>
    <label for="female">
      <input type="radio" id="female" name="gender" value="female">
      Female
    </label>
    <label for="other">
      <input type="radio" id="other" name="gender" value="other">
      Other
    </label>
  </div>

  <h2>Message</h2>
  <div class="form-group">
    <label for="message">Message:</label>
    <textarea id="message" name="message" rows="4" placeholder="Enter your
message"></textarea>
  </div>

  <input type="submit" value="Submit">
</form>
</body>
</html>

```

## 2) CSS:

```

/* CSS styling for the form */
body {
  font-family: Arial, sans-serif;
  background-color: #f2f2f2;
  background-image: linear-gradient(to bottom right, #E4572E, #29335C);
  background-repeat: no-repeat;
  background-attachment: fixed;
}

form {
  max-width: 600px;
  margin: 0 auto;
  background-color: rgba(255, 255, 255, 0.9);
  padding: 20px;
  border-radius: 6px;
  box-shadow: 0 0 5px rgba(0, 0, 0, 0.1);
}

h2 {
  margin-top: 20px;
  color: #555;
}

.form-group {

```

```
margin-bottom: 15px;
}

label {
  display: block;
  margin-bottom: 5px;
  font-weight: bold;
  color: #555;
}

input[type="text"],
input[type="email"],
input[type="tel"],
textarea {
  width: 100%;
  padding: 8px;
  border: 1px solid #ccc;
  border-radius: 4px;
  box-sizing: border-box;
  margin-bottom: 10px;
  background-color: #fff;
}

input[type="radio"] {
  display: inline-block;
  margin-right: 5px;
}

input[type="submit"] {
  background-color: #4CAF50;
  color: white;
  padding: 10px 15px;
  border: none;
  border-radius: 4px;
  cursor: pointer;
}

input[type="submit"]:hover {
  background-color: #45a049;
}

/* Custom styling for radio buttons */
.radio-container {
  display: flex;
  align-items: center;
}

.radio-container input[type="radio"] {
  display: none;
}

.radio-container label {
  display: inline-block;
  margin-right: 10px;
}
```

```
position: relative;
padding-left: 25px;
cursor: pointer;
color: #555;
}

.radio-container label::before {
  content: "";
  position: absolute;
  left: 0;
  top: 2px;
  width: 18px;
  height: 18px;
  border: 2px solid #555;
  border-radius: 50%;
}

.radio-container input[type="radio"]:checked + label::before {
  background-color: #4CAF50;
  border-color: #4CAF50;
}

.radio-container label::after {
  content: "";
  position: absolute;
  left: 6px;
  top: 8px;
  width: 6px;
  height: 6px;
  border-radius: 50%;
  background-color: #4CAF50;
  display: none;
}

.radio-container input[type="radio"]:checked + label::after {
  display: block;
}

input[type="submit"] {
  background-color: #4CAF50;
  color: white;
  padding: 10px 15px;
  border: none;
  border-radius: 4px;
  cursor: pointer;
  transition: background-color 0.3s;
}

input[type="submit"]:hover {
  background-color: #45a049;
}
```

OUTPUT:

Form

File | D:/html/index.html

Contact Information

Name:

Enter your name

Email:

Enter your email

Phone:

Enter your phone number

Address

Street:

Enter your street address

City:

Enter your city

ZIP Code:

Enter your ZIP code

Gender

☐ Male

☐ Female

☐ Other

38°C

Mostly sunny

Search

ENG IN

16:08

28-05-2023

Form

File | D:/html/index.html

Phone:

Enter your phone number

Address

Street:

Enter your street address

City:

Enter your city

ZIP Code:

Enter your ZIP code

Gender

☐ Male

☐ Female

☐ Other

Message

Message:

Enter your message

Submit

38°C

Mostly sunny

Search

ENG IN

16:08

28-05-2023

20BCE2752

AATHIRAINATHAN P