CLIENT SIDE SCRIPTING (22519)

Practical No. 06: Create web page using Form Elements

Roll No.: 220447

1) WAP to use all the elements in HTML to create a form.

```
<!DOCTYPE html>
                                                                     <label
                                           for="english">English</label> <input</pre>
<html lang="en">
<head>
                                           type="checkbox" name="" id="english">
    <meta charset="UTF-8">
                                                                     <label
                                           for="marathi">Marathi</label> <input</pre>
    <meta name="viewport"</pre>
                                           type="checkbox" name="" id="marathi">
content="width=device-width,
initial-scale=1.0">
                                                                </div>
    <title>Form</title>
                                                                <div class="radio-
                                           div">
    <link rel="stylesheet"</pre>
href="style.css">
                                                                     <label
                                           for="male">Male</label> <input</pre>
</head>
<body>
                                           type="radio" name="gender" id="male">
    <section id="form-section">
                                                                     <label</pre>
        <div class="form-div">
                                           for="female">Female</label> <input</pre>
                                           type="radio" name="gender" id="female">
             <form
action="submit.html" name="form1"
                                                                </div>
id="form1">
                 <div
                                                            </div>
class="inputs">
                                                            <div class="form-col-2">
                 <div class="form-</pre>
                                                                <label</pre>
                                           for="selection">Current
col-1">
                     <label
                                           Profession</label>
for="fname">Enter First name
                                                                <select</pre>
                                           name="profession" id="profession">
</label>
                                                                     <option</pre>
                     <input</pre>
type="text" name="fname"
                                           value="Engineer/Developer">Engineer/Deve
id="fname" maxlength="20">
                                           loper</option>
                                                                     coption
for="lname">Enter Last name
                                           value="Student">Student
</label>
                                                                     <option</pre>
                     <input</pre>
                                           value="Teacher">Teacher
type="text" name="lname"
                                                                     <option</pre>
id="lname" maxlength="15">
                                           value="Admin Staff">Admin Staff
                     <input
                                                                     coption
type="text" value="" id="fullname"
                                           value="Prinicipal">Prinicipal
placeholder="Full name">
                                                                     <option</pre>
                                           value="Other">Other
type="number" id="phno"
                                                                </select>
placeholder="Phone Number">
                                                                <input type="text"</pre>
                                           id="other" placeholder="If other, then
type="email" name="email"
                                           please specify">
id="email" placeholder="Email id">
                                                                <label</pre>
                     <input</pre>
                                           for="dob">Date of Birth</label>
type="password" placeholder="Enter
                                                                       <input</pre>
                                                 type="date" name="dob" id="dob">
Password">
                     <div
                                                                       <input</pre>
class="checkbox-div">
                                                 type="number" name="age" id="age"
                         <label
                                                 placeholder="Age">
for="hindi">Hindi</label> <input</pre>
                                                                       <label
type="checkbox" name=""
                                                 style="margin-bottom:10px"> Upload
id="hindi">
                                                 SSC Marksheet </label> <input
```

CLIENT SIDE SCRIPTING (22519)

Practical No. 06: Create web page using Form Elements

Roll No.: <u>220447</u>

```
type="file" name="marksheet"
                                                                 <input
id="marksheet">
                                                type="reset">
                    <label
                                                                input
style="margin-bottom:10px"> Your
                                                type="submit">
                                                            </form>
Fav Color </label> <input</pre>
type="color">
                                                        </div>
                </div>
                                                    </section>
                </div>
                                                </body>
                                                </html>
```

Inter First Name	Current Profession	
	Student	~
Inter Last Name	If other, then please specify	
	Date of Birth	
Full Name	dd-mm-yyyy	
Phone Number	Age	
Email ID	Upload SSC Marksheet	
Enter Password	Choose File No file chosen	
lindi 🗆 English 🗆 Marathi 🗆	Your Fav Color	
Male ○ Female ○		
Reset Suhmit		
Reset Submit		

Enter First Name	Current Profession
Abdul Mannan	Student
Enter Last Name	If other, then please specify
Sayyed	Date of Birth
Abdul Mannan Sayyed	21-11-2006
9172691726	17
sdabmannan786@gmail.com	Upload SSC Marksheet
•••••	Choose File marksheetabm.jpg
Hindi 🗹 English 🔽 Marathi 🔽	Your Fav Color
Male ● Female ○	
Reset Submit	