

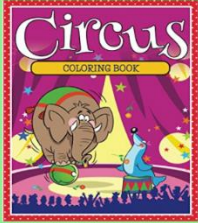
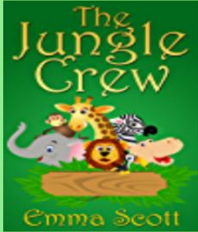
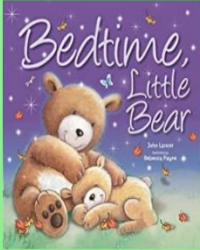
WT ASSIGNMENTS

Practical 1

My Webpage

Hiii...My name is Adil Keshwani(18ce042)

My Story Books...



Adil(18ce042)

Practical-2

Adil

18CE042

- [Home](#)
- [Attendance](#)
- [Result](#)
- [Skills](#)

My Information...

U & P U. patel Department of Computer Engineering

Practical-3

← → X File | C:/Users/Adil%20Keshwani/Desktop/assignment.html ☆ | A |

This page says

Welcome to My Page

OK

Practical-4

Registration Form

Registration Details..

First Name:	<input type="text" value="First Name"/> (must contain alphanumeric characters and space)
Last Name:	<input type="text" value="Last Name"/>
Gender:	Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/>
Date Of Birth:	<input type="text" value="dd-mm-yyyy"/>
City:	<input type="text" value="Vadodara"/>
State:	<input type="text" value="Goa"/>
Email ID:	<input type="text" value="Email ID"/>
Phone No.:	<input type="text" value="[0-9]{2}-[0-9]{10}"/>
<input type="button" value="submit"/> <input type="button" value="reset"/>	

Practical-5

Workshop Registration

Thank you for taking interest in participating in this workshop. Please fill in the registration form below so we can save you a seat.

NAME:

Email :

Gender : ☐ Male ☐ Female

Date Of Birth:

Address:

Title :

Participation Fee : Workshop : \$100

No. of Participation: ▼

Total: 0 \$

Do you have any special requirements or suggestions?