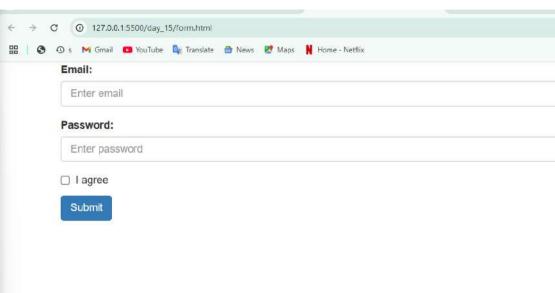
```
form.html
                                                                              ▶ Ⅲ …
day_15 > @ form.html > @ html > @ body
   2 <html lang="en">
      <head>
        <meta cnarset="utt-8">
        <meta name="viewport" content="width=device-width,</pre>
        initial-scale=1">
        <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/</pre>
        bootstrap/3.4.1/css/bootstrap.min.css">
        <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/</pre>
        jquery.min.js"></script>

<script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/</pre>
        bootstrap.min.js"></script>
  10 (/head)
       <div class="container">
        <form >
           <div class="form-group">
             <label for="email">Email:</label>
             <input type="email" class="form-control" placeholder="Enter</pre>
             email" name="email">
           <div class="form-group">
             <label for="pwd">Password:</label>
             <input type="password" class="form-control"</pre>
             placeholder="Enter password" name="pwd">
           <div class="checkbox">
             <label><input type="checkbox" name="remember"> I agree/
             label>
           </div>
           <button type="submit" class="btn btn-primary">Submit</button>
         </form>
  27 </div>
  28 </body>
  29 </html>
```



```
<!DOCTYPE html>
    <html lang="en">
    <head>
      <title>Bootstrap Example</title>
      <meta charset="utf-8">
      <meta name="viewport" content="width=device-width, initial-scale=1">
      <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
      <script src="https:/ Follow link (ctrl + click) //ajax/libs/jquery/3.7.1/jquery.min.js"></script>
      <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
    </head>
10
11
    <body>
    <div class="container">
12
13
      <form method="get">
        <h1>Student Registration</h1>
14
        <div class="form-group">
15
          <label for="name">Name</label>
16
          <input type="text" class="form-control" placeholder="Enter email" name="name">
17
        </div>
18
        <div class="form-group">
19
          <label for="phone">Phone</label>
20
          <input type="number" class="form-control" placeholder="Enter phone" name="phone">
21
        </div>
22
23
         <div class="form-group">
          <label for="Adress">Address</label>
24
          <textarea type="text" class="form-control" placeholder="Enter Address" name="Address"></textarea>
25
        </div>
26
```

```
<div class="form-group">
27
          <label for="email">Email:</label>
28
29
          <input type="email" class="form-control" placeholder="Enter email" name="email">
        </div>
        <div class="form-group">
31
            <label for="Year">Year</label>
32
             <select class="form-control">
33
34
                <option>FY</option>
                 <option>SY</option>
35
                 <option>TY</option>
            </select>
37
        </div>
38
        <div class="checkbox">
39
          <label><input type="checkbox" name="remember">I agree</label>
        </div>
41
        <button type="submit" class="btn btn-primary">Submit</button>
42
      </form>
43
    </div>
44
    </body>
45
46
    </html>
```

Student Registration

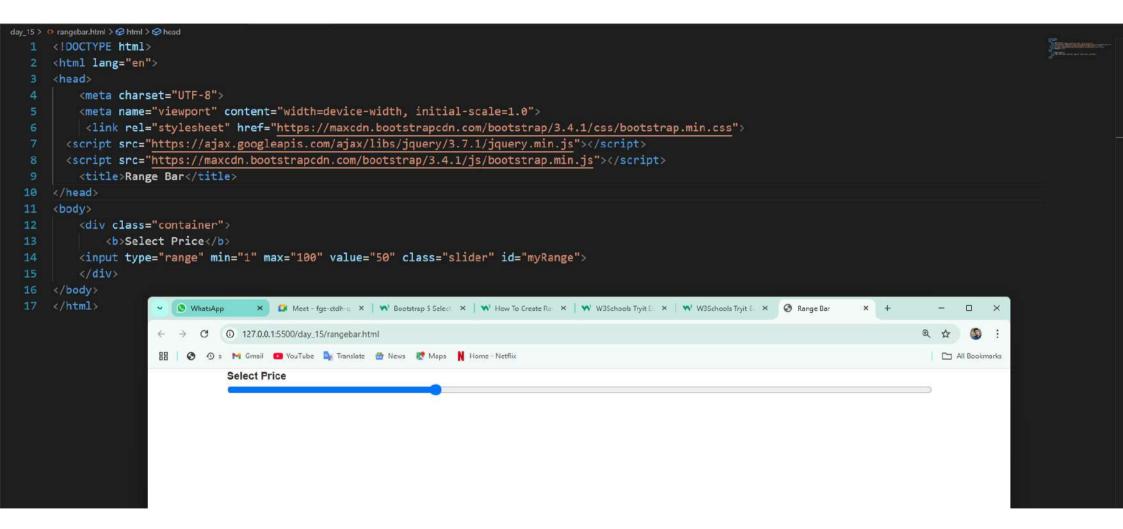
Name	
Enter email	
Phone	
Enter phone	
Address	
Enter Address	
Email:	
Enter email	
Year	
FY	V
□ I agree	
Submit	

```
day 15 > 4 studentreg.html > 15 html > 15 body > 2 div.container > 25 form > 35 div.form-group > 35 input.form-control
       <!DOCTYPE html>
      <html lang="en">
       <head>
         <title>Bootstrap Example</title>
         <meta charset="utf-8">
         <meta name="viewport" content="width=device-width, initial-scale=1">
         <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
         <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
         <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
       </head>
  10
       <body>
  11
       <div class="container">
  12
         <form method="get">
  13
           <h1>Student Registration</h1>
  14
           <div class="form-group">
  15
             <label for="name">Name</label>
  16
             <input type="text" class="form-control" placeholder="Enter email" name="name">
  17
           </div>
  18
           <div class="form-group">
  19
             <label for="phone">Phone</label>
  20
             <input type="number" class="form-control" placeholder="Enter phone" name="phone">
  21
           </div>
  22
            <div class="form-group">
  23
             <label for="phone">Adhar Number</label>
  24
             <input type="number" class="form-control" placeholder="Enter Adhar" name="adhar">
  25
           </div>
```

```
<div class="form-group">
31
          <label for="email">Email:</label>
32
          <input type="email" class="form-control" placeholder="Enter email" name="email">
33
        </div>
34
        <div class="form-group">
35
            <label for="Year">Year</label>
36
37
            <select class="form-control">
38
                <option>FY</option>
                <option>SY</option>
39
                <option>TY</option>
40
            </select>
41
42
        </div>
        <div class="form-group">
43
            <label for="gender">Gender</label>
44
          <label class="form-control"><input type="radio" name="radio">Male</label>
45
        </div>
46
47
         <div class="form-group">
          <label class="form-control"><input type="radio" name="radio">Female</label>
48
        </div>
49
        <div class="checkbox">
50
          <label ><input type="checkbox" name="remember">I agree</label>
51
        </div>
52
        <button type="submit" class="btn btn-primary">Submit</button>
53
      </form>
54
    </div>
55
    </body>
57 </html>
```







```
day 15 > O input.html > O html > O head > O style > G label
   2 <html lang="en">
   3 <head>
        <style>
          label{
              margin: 10px:
        </style>
      </head>
      <body>
        <form>
          <label>Text:<input type="text" name="text"></label>
          <label>Password:<input type="password" name="password"></label>
          <label>Email:<input type="email" name="email"></label>
          <label>Number:<input type="number" name="number" min="1" max="10"></label>
          <label>Tel:<input type="tel" name="phon"></label>
          <label>URL:<input type="url" name="website"></label>
          <label>Search:<input type="search" name="search"></label>
          <label>Date:<input type="date" name="date"></label>
          <label>Month:<input type="month" name="month"></label>
          <label>Week:<input type="week" name="week"></label>
          <label>Time:<input type="time" name="time"></label>
          <label>Datetime-local:<input type="datetime-local" name="datetime"></label>
          <label>Checkbox:<input type="checkbox" name="subscribe"></label>
          <label>Radio:<input type="radio" name="gender" value="male"> Male
          <input type="radio" name="gender" value="female"> Female</label>
          <label>File:<input type="file" name="file"></label>
          <label>Range:<input type="range" name="range" min="0" max="100"></label>
          <label>Color:<input type="color" name="color"></label>
          <label>Hidden:<input type="hidden" name="hiddenValue" value="12345"></label>
          <label>Submit:<input type="submit" value="Submit Form"></label>
          <label>Reset:<input type="reset" value="Reset Form"></label>
          <label>Button:<input type="button" value="Click Me" onclick="alert('Button Clicked!')"></label>
        </form>
```

Text:	
Password:	
Email:	
Number:	
Tel:	
URL:	
Search:	
Date: dd-mm-yyyy 🗖	
Month:	
Week: Week,	
Time:: 🛇	
Datetime-local: yyyy-mm-ddT:	
Checkbox:	
Radio: O Male O Female	
File: Choose File No file chosen	
Range:	
Color:	
Hidden:	
Submit: Submit Form	
Submit. Submit Form	
Reset: Reset Form	