

day\_16 > pizza.html > html > body > div.container > form > div.form-group > label > input

```
1  <!DOCTYPE html>
2  <html lang="en">
3    <head>
4      <link rel="stylesheet"
5        href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
6      <script
7        src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
8      <script
9        src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
10     <meta charset="UTF-8">
11     <meta name="viewport" content="width=device-width, initial-scale=1.0">
12     <title>Dominos Pizza</title>
13   </head>
14   <body>
15     <nav style="display: flex;margin-left: 400px;">
16       <div
17         style="font-size: 50px;font-family: Georgia;font-weight: bolder;">Order</div>
18       <div style="display: flex; margin-left: 150px;">
19         
20         <h1 style="color: #007BAD;font-size: 50px;">Dominos Pizza
21           🍕 </h1>
22       </div>
23     </nav>
24     <div class="container" style="display: flex; justify-content: space-around;">
25       <form action>
26         <h2>Select Pizza</h2>
27         <div class="form-group">
28           <label class="form-control"><input type="radio" name="select" value="Veg">Veg
29           <input type="radio" name="select" value="Non-Veg" style="margin-left: 30px;">Non-Veg</label>
30         </div>
31         <div class="form-group">
32           <label class="form-control"><input type="checkbox" name="remember">Small (4pc)
33           <input type="number" name="number" min="0" max="10"></label>
34         </div>
```

```
35 <div class="form-group">
36   <label class="form-control"><input type="checkbox" name="remember">Medium (6pc)
37   <input type="number" name="number" min="0" max="10"></label>
38 </div>
39 <div class="form-group">
40   <label class="form-control"><input type="checkbox" name="remember">Large (8pc)
41   <input type="number" name="number" min="0" max="10"></label>
42 </div>
43 <div class="form-group">
44   <label class="form-control"><input type="checkbox" name="remember">Extra Large (12pc)
45   <input type="number" name="number" min="0" max="10"></label>
46 </div>
47 <div class="form-group">
48   <label for="toppings">Toppings</label>
49   <label class="form-control">
50     <input type="checkbox" name="remember">pepperoni
51     <input type="checkbox" name="remember">mushrooms
52     <input type="checkbox" name="remember">black olives
53     <input type="checkbox" name="remember">extra cheese
54   </label>
55 </div>
56 <div class="form-group">
57 <label for="Year">Payment:<input type="number"></label>
58 <select class="form-control">
59   <option>COD</option>
60   <option>Google Pay</option>
61   <option>Credit Card</option>
62 </select>
```

```
64 </form>
65 <form method="get">
66   <h2>Customer Details</h2>
67   <div class="form-group">
68     <label for="name">Name</label>
69     <input type="text" class="form-control"
70       placeholder="Enter email" name="name">
71   </div>
72   <div class="form-group">
73     <label for="phone">Phone</label>
74     <input type="number" class="form-control"
75       placeholder="Enter phone" name="phone">
76   </div>
77   <div class="form-group">
78     <label for="email">Email:</label>
79     <input type="email" class="form-control"
80       placeholder="Enter email" name="email">
81   </div>
82   <div class="form-group">
83     <label for="Adress">Address</label>
84     <textarea type="text" class="form-control"
85       placeholder="Enter Address" name="Address"></textarea>
86   </div>
87   <div class="checkbox">
88     <label><input type="checkbox" name="remember">I
89     agree</label>
90   </div>
91   <button type="submit" class="btn btn-primary">Place Order</button>
92 </form>
93 </div></body></html>
```



# Order



## Dominos Pizza



### Select Pizza

☐ Veg ☒ Non-Veg

☐ Small (4pc)

4

☒ Medium (6pc)

☐ Large (8pc)

☒ Extra Large (12pc)

5

#### Toppings

☒ pepperoni ☐ mushrooms ☒ black olives ☒ extra cheese

Payment: 1299

COD

### Customer Details

Name

Ajay Gimbhal

Phone

8451871861

Email:

gimbhalajay@gmail.com

Address

Thane

☒ I agree

Place Order

day\_16 > > licence.html > html > body > h1

```
1  <!DOCTYPE html>
2  <html lang="en">
3  <head>
4      <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
5      <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
6      <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
7      <meta charset="UTF-8">
8      <meta name="viewport" content="width=device-width, initial-scale=1.0">
9      <title>Driving Licence Form</title>
10 </head>
11 <body>
12     <h1 style="font-size:50px;font-family:Times New Roman;font-weight: bold;text-align: center;margin-bottom: 50px;">
13         Driving Licence Registration</h1>
14     <div class="container" style="display: flex;justify-content: space-around;">
15         <form>
16             <div class="form-group">
17                 <label for="name">Name</label>
18                 <input type="text" class="form-control"
19                     placeholder="Enter email" name="name">
20             </div>
21             <div class="form-group">
22                 <label for="phone">Phone</label>
23                 <input type="number" class="form-control"
24                     placeholder="Enter phone" name="phone">
25             </div>
26             <div class="form-group">
27                 <label>Date Of Birth<input type="date" name="date" class="form-control"></label>
28             </div>
29             <div class="form-group">
30                 <label for="phone">Adhar Number</label>
31                 <input type="number" class="form-control" placeholder="Enter Adhar" name="adhar">
32             </div>
33
34         </form>
```

```
34 <form >
35 <div class="form-group">
36 <label for="Year">State</label>
37 <select class="form-control">
38 <option>--Select--</option>
39 <option>Maharashtra</option>
40 <option>Karnataka</option>
41 <option>Madhya Pradesh</option>
42 <option>Punjab</option>
43 </select>
44 </div>
45 <div class="form-group">
46 <label for="Year">City</label>
47 <select class="form-control">
48 <option>--Select--</option>
49 <option>Mumbai</option>
50 <option>Thane</option>
51 <option>Pune</option>
52 </select>
53 </div>
54 <div class="form-group">
55 <label for="Year">RTO Office</label>
56 <select class="form-control">
57 <option>--Select--</option>
58 <option>Luis Wadi</option>
59 <option>Court Naka</option>
60 <option>Kalwa</option>
61 </select>
```

```

53     </div>
54     <div class="form-group">
55         <label for="Year">RTO Office</label>
56         <select class="form-control">
57             <option>--Select--</option>
58             <option>Luis Wadi</option>
59             <option>Court Naka</option>
60             <option>Kalwa</option>
61         </select>
62     </div>
63     <div class="form-group">
64         <label for="Adress">Address</label>
65         <textarea type="text" class="form-control"
66             placeholder="Enter Address" name="Address"></textarea>
67     </div>
68 </form>
69 </div>
70 <div class="container" style="display: flex; justify-content: center; flex-direction: column; align-items: center;">
71
72     <div class="checkbox">
73         <label><input type="checkbox" name="remember">I
74         agree</label>
75     </div>
76     <button type="submit" class="btn btn-primary">Submit</button>
77 </div>
78 </body>
79 </html>

```

# Driving Licence Registration

**Name**

Enter email

**Phone**

Enter phone

**Date Of Birth**

dd-mm-yyyy



**Adhar Number**

Enter Adhar

**State**

--Select--



**City**

--Select--



**RTO Office**

--Select--



**Address**

Enter Address

☐ I agree

Submit



# Driving Licence Registration

Name

Ajay Gimbhal

Phone

7977730391

Date Of Birth

06-06-2025



Adhar Number

13124214545515

State

Maharashtra



City

Thane



RTO Office

Luis Wadi



Address

Thane

☒ I agree

Submit

day\_16 > hospitalappointment.html > html > body > div.form-container

```
1  <!DOCTYPE html>
2  <html lang="en">
3  <head>
4      <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
5      <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
6      <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
7      <meta charset="UTF-8">
8      <meta name="viewport" content="width=device-width, initial-scale=1.0">
9      <title>Hospital Apointment</title>
10     <style>
11         .form-container {
12             background: #ffffff;
13             max-width: 500px;
14             margin: auto;
15             padding: 30px;
16             border-radius: 10px;
17             box-shadow: 0 0 15px rgba(0, 0, 0, 0.2);
18             margin-top: 10px;
19         }
20     </style>
21 </head>
22 <body>
23     <div class="form-container">
24         <h2>Bethani Hospital Appointment <span class="glyphicon glyphicon-bed"></span></h2>
25
26         <form>
27             <div class="form-group">
28                 <label for="name">Full Name</label>
29                 <input class="form-control" type="text" id="name" name="name" required>
30             </div>
31             <div class="form-group">
32                 <label for="age">Age</label>
33                 <input class="form-control" type="number" name="age" min="0" required>
34             </div>
```

```
35 <div class="form-group">
36   <label for="gender">Gender</label>
37   <select class="form-control" name="gender" required>
38     <option value="">--Select--</option>
39     <option>Male</option>
40     <option>Female</option>
41     <option>Other</option>
42   </select>
43 </div>
44 <div class="form-group">
45   <label for="date">Appointment Date</label>
46   <input class="form-control" type="date" name="date" required>
47 </div>
48 <div class="form-group">
49   <label for="time">Preferred Time</label>
50   <input class="form-control" type="time" name="time">
51 </div>
52 <div class="form-group">
53   <label for="department">Department</label>
54   <select class="form-control" name="department" required>
55     <option value="">--Select Department--</option>
56     <option>General Medicine</option>
57     <option>Cardiology</option>
58     <option>Orthopedics</option>
59     <option>Pediatrics</option>
60     <option>Dermatology</option>
61   </select>
62 </div>
```

```
63     <div class="form-group">
64         <label for="message">Additional Notes</label>
65         <textarea class="form-control" name="message" placeholder="Write any symptoms or notes..."></textarea>
66     </div>
67     <button class="btn btn-success btn-block" type="submit">Book Appointment <span
68         class="glyphicon glyphicon-user"></span></button>
69 </form>
70 </div>
71 </body>
72 </html>
```



## Bethani Hospital Appointment

**Full Name**

**Age**

**Gender**

**Appointment Date**

**Preferred Time**

**Department**

**Additional Notes**

Book Appointment 



Search



ENG  
IN

# Bethani Hospital Appointment

Full Name

Ajay Gimbhal

Age

2

Gender

Male

Appointment Date

18-06-2025

Preferred Time

08:30

Department

General Medicine

Additional Notes

fever

Book Appointment 