**Summer Internship**

**(Akash Technolabs)**

**Day 1 :-**

**Task :- Use of Table tag and Div tag in Html web page.**

**Input :-**

<html>

<head>

<title> Day-1 </title>

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<style>

{

box-sizing: border-box;

}

.title {

background-color: #f2f2f2;

font-family: sans-serif;

text-align: center;

margin: 0px;

padding-top: 15px;

padding-bottom: 15px;

}

.tittxt {

font-family: sans-serif;

color: #3399ff;

font-size: 35px;

margin-top: 15px;

margin-bottom: -20px;

}

td {

padding: 10px;

}

a.email:link {

color: #808080;

text-decoration: none;

}

a.email:hover {

color: lightcoral;

text-shadow: 3px 2px 5px rgba(0, 0, 0, .03);

transition: all 0.3s ease-in-out 0s;

}

.email2 {

opacity: 0.8;

}

.subtitle {

text-align: center;

font-family: sans-serif;

font-size: 30px;

text-shadow: 3px 2px 5px rgba(0, 0, 0, .1);

color: #4d4d4d;

margin-bottom: 20px;

margin-top: 20px;

padding: 0px;

}

.subtit {

text-align: center;

font-family: monospace;

font-size: 15px;

color: #a6a6a6;

margin-bottom: 0px;

margin-top: 5px;

}

.design {

position: relative;

top: -100px;

z-index: -1;

margin-bottom: -180px;

opacity: 0.4;

}

ul.email {

list-style-type: none;

}

li.email {

text-decoration: none;

display: inline-block;

margin-left: -35px;

margin-right: 50px;

}

hr.main {

box-shadow: 2px 2px 10px rgba(0, 0, 0, 1);

margin: 0px;

margin-top: 1px;

border:2px solid black;

}

hr.sec {

margin-left: 0px;

margin-right: 0px;

margin-top: 0px;

box-shadow: 0 0 7px rgba(0, 0, 0, 0.1);

}

.flex-container {

display: flex;

}

.flex-container > div {

background-color: #f2f2f2;

margin: 10px;

margin-left: 25%;

margin-right: 25%;

padding: 20px;

font-size: 20px;

}

h2 {

font-family: sans-serif;

font-size: 25px;

text-align: center;

}

hr.heading {

margin-left: 20%;

margin-right: 20%;

margin-top: -10px;

margin-bottom: 20px;

border: 1px solid #3399ff;

box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);

}

form {

margin-left: 3vw;

}

input[type=text],

input[type=email],

input[type=number],

input[type=tel],

select {

width: 20vw;

padding: 10px 20px;

margin: 8px 0;

display: inline-block;

border: 1px solid #f2f2f2;

border-radius: 5px;

box-sizing: border-box;

}

input[type=date]{

width: 20vw;

padding: 10px 20px;

margin: 8px 0;

display: inline-block;

border: 1px solid #f2f2f2;

border-radius: 125px;

cursor: pointer;

}

label {

padding: 12px 12px 12px 0;

display: inline-block;

}

td {

font-size: 18px;

font-family: sans-serif;

font-weight: 500;

color: black;

}

.gender {

font-family: monospace;

padding: 5px;

margin-right: 20px;

color: #404040;

cursor: pointer;

}

.hobbies {

font-family: monospace;

font-size: 15px;

padding: 5px;

margin-right: 20px;

color: #404040;

cursor: pointer;

}

textarea {

width: 100%;

height: 70px;

padding: 12px;

border: 1px solid #ccc;

border-radius: 4px;

resize: vertical;

}

.end {

text-align: center;

}

input[type=submit],

input[type=reset]

{

width: 15vw;

padding: 10px 20px;

margin: 20px 25px;

font-size: 18px;

font-weight: bold;

display: inline-block;

background-color: #808080;

color: #f2f2f2;

border: 1px solid #808080;

border-radius: 5px;

box-sizing: border-box;

box-shadow: 3px 2px 5px rgba(0, 0, 0, .1);

cursor: pointer;

}

input[type=file]

{

cursor: pointer;

}

</style>

</head>

<body>

<div class="title">

<table align="center">

<tr>

<td><img src="logo.png" class="logo" height="100px"> </td>

<td>

<p class="tittxt"><b> Goverment Engineering College, Modasa </b> </p>

<ul class="email">

<table align="left" class="abc">

<li class="email">

<tr>

<td class="acb"><img src="logo.png" height=20px class="email2"></td>

<td> <a href="gec-modasa-dte@gujarat.gov.in" class="email" > gec-modasa-dte@gujarat.gov.in </a></td>

</tr>

</li>

</table>

</ul>

</td>

</tr>

</table>

</div>

<hr class="main">

<hr class="sec">

<div class="subtitle">

<p class="subtit"> - Registration Form - </p>

</div>

<hr class="main">

<hr class="sec">

<div class="flex-container">

<div style="flex-basis:5000px">

<h2>Registration Form</h2>

<hr class="heading">

<form action="/Prac5.php" method="post">

<table>

<tr>

<td><label for="fname"> First Name :- </label></td>

<td> <input type="text" height=100px id="fname" name="fname" placeholder="Enter your first name..." required> </td>

</tr>

<tr>

<td><label for="lname"> Last Name :- </label></td>

<td> <input type="text" id="lname" name="lname" placeholder="Enter your last name..." required></td>

</tr>

<tr>

<td><label for="email"> Email :- </label> </td>

<td><input type="email" id="email" name="email" placeholder="Enter your Email ID" required></td>

</tr>

<tr>

<td><label for="number"> Mobile Number :- </label> </td>

<td><input type="tel" id="number" name="number" placeholder="Enter your Phone no." pattern="[0-9]{10}"></td>

</tr>

<tr>

<td><label for="dob"> Date of Birth :- </label> </td>

<td><input type="date" id="dob" name="dob"></td>

</tr>

<tr>

<td><label> Gender :- </label> </td>

<td>

<input type="radio" id="male" name="gender"><label for="male" class="gender"> Male </label>

<input type="radio" id="female" name="gender"><label for="female" class="gender"> Female </label>

<input type="radio" id="other" name="gender"><label for="other" class="gender"> Other </label>

</td>

</tr>

<tr>

<td><label for="address"> Address :- </label> </td>

<td><textarea id="address" name="address" placeholder="Enter your address..."></textarea></td>

</tr>

<tr>

<td><label for="city"> City :- </label> </td>

<td> <select id="city" name="city">

<option value="Ahmedadbad">Ahmedabad</option>

<option value="Gandhinagar">Gandhinagar</option>

<option value="Modasa">Modasa</option>

<option value="Surat">Surat</option>

</select>

</td>

</tr>

<tr>

<td><label> Hobbies :- </label> </td>

<td>

<input type="checkbox" id="Filmmaking" name="hobbies"><label for="Filmmaking" class="hobbies"> Filmmaking </label>

<input type="checkbox" id="Coding" name="hobbies"><label for="Coding" class="hobbies"> Coding </label>

<input type="checkbox" id="Singing" name="hobbies"><label for="Singing" class="hobbies"> Singing </label><br>

<input type="checkbox" id="Dancing" name="hobbies"><label for="Dancing" class="hobbies"> Dancing </label>

<input type="checkbox" id="Gaming" name="hobbies"><label for="Gaming" class="hobbies"> Gaming </label>

<input type="checkbox" id="Reading" name="hobbies"><label for="Reading" class="hobbies"> Reading </label><br>

</td>

</tr>

<tr>

<td><label for="image"> Image :- </label> </td>

<td>

<input type="file" id="image" name="image">

</td>

</tr>

</table>

<div class="end">

<input type="submit" value="Submit" name="submit">

<input type="reset" value="Reset" name="reset">

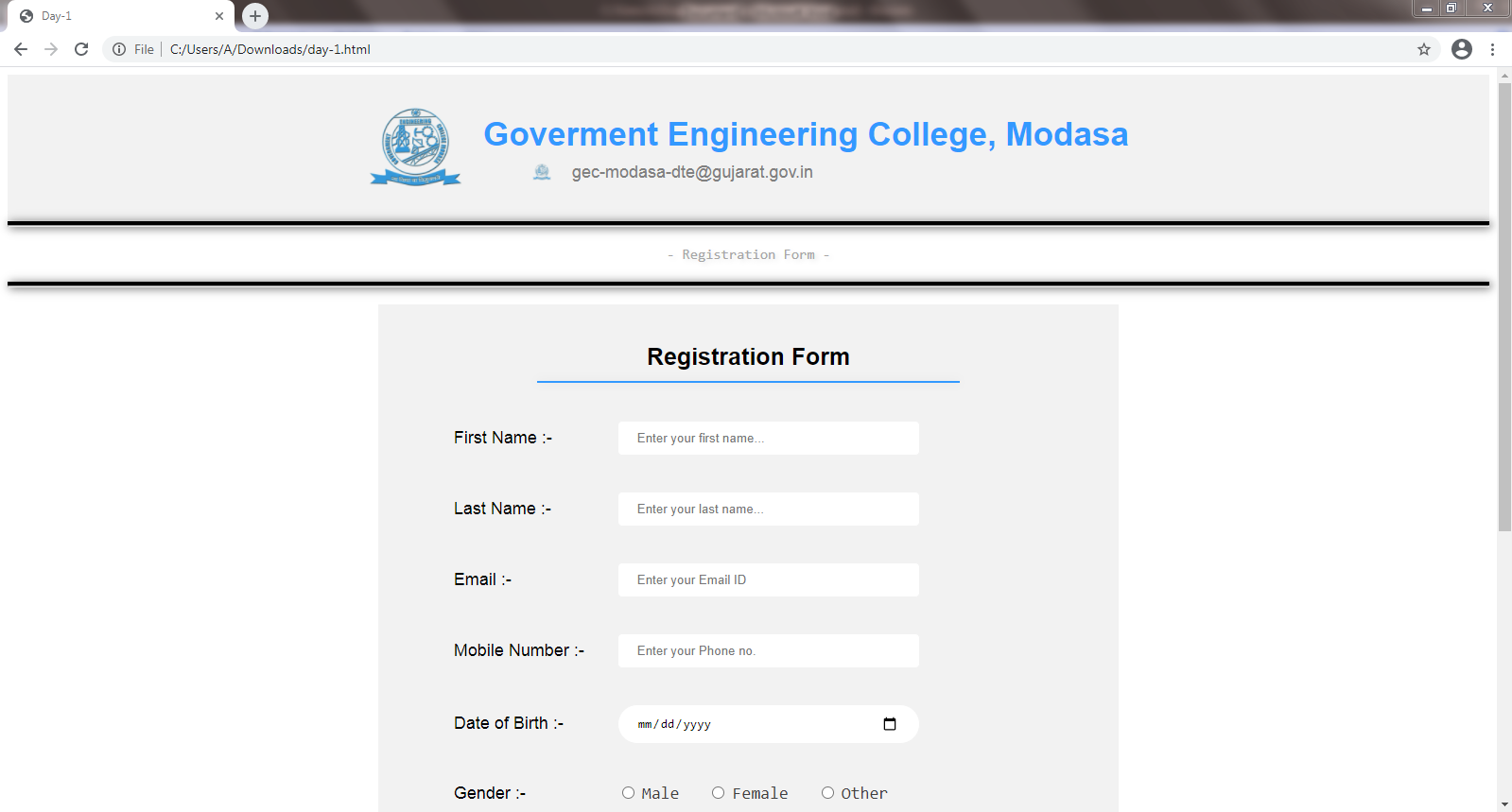
</div>

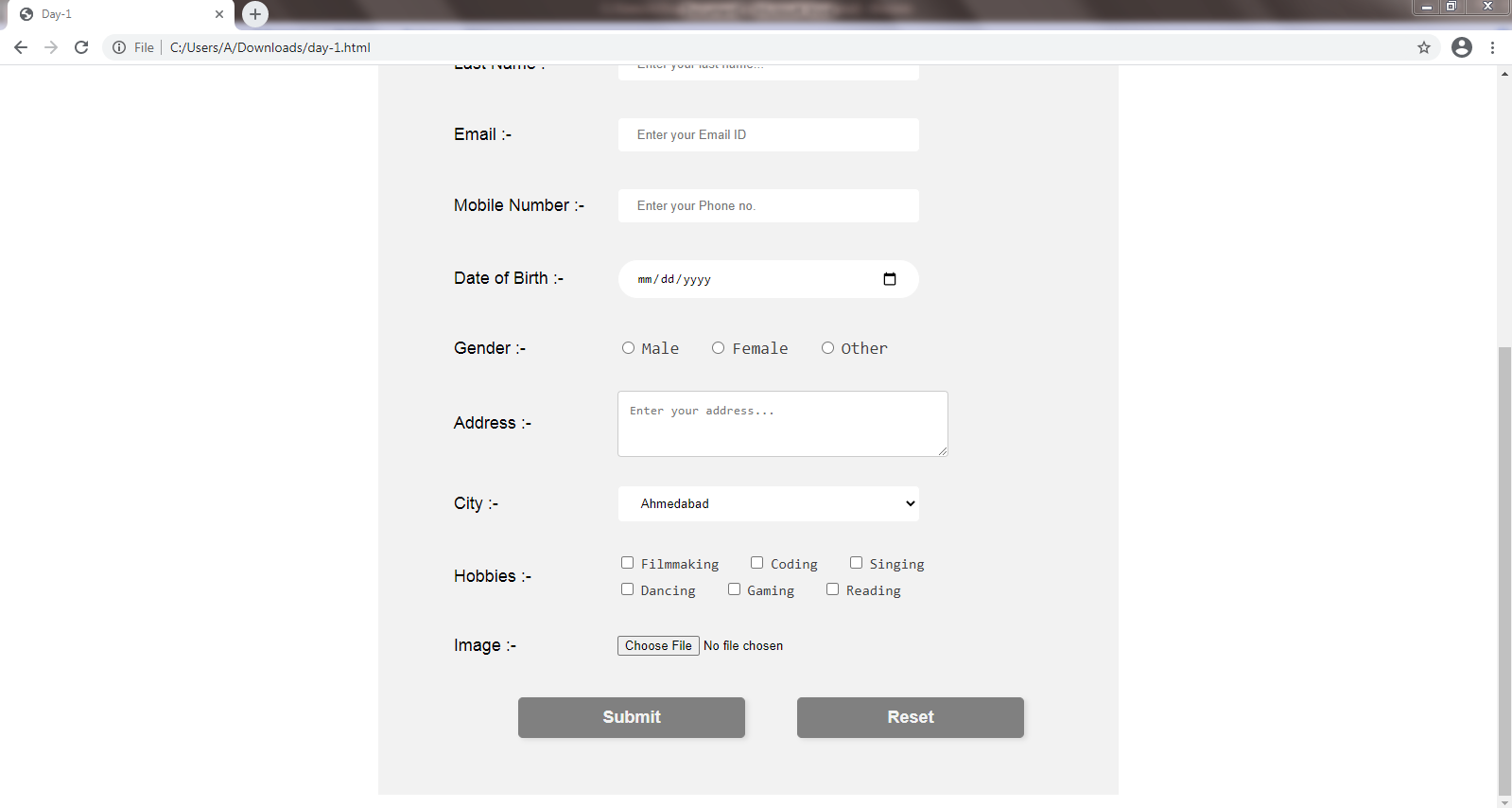
</form>

</div>

</div>

**Output :-**

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