ASSIGNMENT-1

HTML

| ASSIGNMENT DATE | 9 SEPTEMBER 2022 |
|-----------------|------------------|
| STUDENT NAME | NATESAN I |
| ROLL NO | 95071914066 |
| MAXIMUM MARKS | 2 MARKS |

QUESTION-1:

Create a user Registration Page Form with following fields:

Name:

Email:

Mobile:

City:

State:

Country:

SOLUTION:

```
<!DOCTYPE html>
<html>
<head>
<meta name="viewport" content="width=device-width, initial-scale=1">
<style> body{
font-family: Calibri, Helvetica, sans-serif; background-color: rgb(220, 196, 200);
}
.container { padding: 50px;
background-color: rgb(211, 237, 245);
input[type=text], input[type=password], textarea { width: 100%;
padding: 15px; margin: 5px 0 10px 0; display: inline-block;
border: none; background: #d8b3b3;
input[type=text]:focus, input[type=password]:focus { background-color: rgb(250, 214, 154);
outline: none;
}
div {
  padding: 10px 0;
}
hr {
border: 1px solid #f1f1f1;
margin-bottom: 25px;
}
```

```
.submitbtn {
 background-color: #4CAF50; color: white;
 padding: 16px 20px; margin: 8px 0; border: none; cursor: pointer; width: 100%;
 opacity: 0.9;
 .submitbtn:hover {
   opacity: 1;
 }
 </style>
 </head>
 <body>
 <form>
 <div class="container">
 <center> <h1> STUDENT REGISTRATION FORM</h1> </center>
 <hr>>
 <label> Name : </label>
 <input type="text" name="Name" placeholder= "Name" size="15" required />
 <label> Mobile :</label>
 <input type="text" name="country code" placeholder="Country Code" value="+91" size="2"/>
 <input type="text" name="phone" placeholder="phone no" size="10"/ required>
 <label> City :</label>
 <textarea type="text" placeholder="City" size="10" required>
 </textarea>
 </label>
 < label > State:
 <textarea type="text" placeholder="State" size="10" required></textarea>
 </label>
 < label > Country:
 <textarea text="text" placeholder="Country" size="10" required></textarea>
 <button type="submit" class="submitbtn">Submit</button>
 </form>
 </body>
</html>
```

OUTPUT:

| STUDENT REGISTRATION FORM | |
|---------------------------|--------|
| Name : | |
| Name | |
| Mobile : | |
| +91 | |
| phone no | |
| City: | |
| City | |
| State: | |
| State | |
| Country: | |
| Country | |
| | Submit |
| | |
| | |