

EXPERIMENT 05

5.1 create a student registration form

CODE: -

```
<!DOCTYPE html>
<html lang="en">

<head>
  <meta charset="UTF-8" />
  <meta name="viewport" content="width=device-width, initial-scale=1.0" />
  <title>Student Registration Form</title>
  <style>
    body {
      font-family: "Segoe UI", Tahoma, Geneva, Verdana, sans-serif;
      background: #f0f4f9;
      display: flex;
      justify-content: center;
      align-items: center;
      min-height: 100vh;
    }

    .form-container {
      background: #fff;
      padding: 30px 40px;
      border-radius: 15px;
      box-shadow: 0px 6px 15px rgba(0, 0, 0, 0.1);
      width: 100%;
      max-width: 500px;
    }

    h2 {
      text-align: center;
      margin-bottom: 20px;
      color: #333;
    }

    label {
      font-weight: bold;
      display: block;
      margin-bottom: 6px;
      color: #444;
    }

    input,
    select {
```

```

width: 100%;
padding: 10px;
border: 1px solid #ccc;
border-radius: 8px;
font-size: 14px;
margin-bottom: 16px;
outline: none;
transition: 0.2s ease;
}

input:focus,
select:focus {
border-color: #4facfe;
box-shadow: 0 0 6px rgba(79, 172, 254, 0.4);
}

.butt {
background: linear-gradient(to right, #4facfe, #00f2fe);
border: none;
border-radius: 25px;
color: white;
font-size: 16px;
padding: 12px 32px;
cursor: pointer;
font-weight: bold;
box-shadow: 0 4px 6px rgba(0, 0, 0, 0.2);
transition: transform 0.2s ease, box-shadow 0.2s ease;
width: 100%;
}

.butt:hover {
transform: translateY(-2px);
box-shadow: 0 6px 12px rgba(0, 0, 0, 0.3);
}

.butt:active {
transform: scale(0.98);
}
</style>
</head>

<body>
<div class="form-container">
<h2>Student Registration Form</h2>
<form action="">
<label for="name">Full Name</label>
<input type="text" id="name" name="name" placeholder="Enter full name" required />

```

```
<label for="reg_no">Registration Number</label>
<input type="text" id="reg_no" name="reg_no" placeholder="Enter registration no."
required />

<label for="fees">Fees</label>
<input type="number" id="fees" name="fees" placeholder="Enter fees" min="0"
required />

<label for="subjects">Subjects</label>
<input type="text" id="subjects" name="subjects" placeholder="Enter subjects" required
/>

<label for="branch">Branch</label>
<select id="branch" name="branch" required>
  <option value="">-- Select Branch --</option>
  <option value="cse">Computer Science</option>
  <option value="ece">Electronics & Communication</option>
  <option value="mech">Mechanical Engineering</option>
  <option value="civil">Civil Engineering</option>
  <option value="eee">Electrical Engineering</option>
</select>

<label for="mobile">Mobile Number</label>
<input type="tel" id="mobile" name="mobile" placeholder="Enter mobile number"
pattern="[0-9]{10}" required />

<label for="email">Email Address</label>
<input type="email" id="email" name="email" placeholder="Enter email" required />

<label for="time">Time of Admission</label>
<input type="time" id="time" name="time" required />

<button type="submit" onclick="alert('Form Submitted Successfully ')" class="butt">
  Submit
</button>
</form>
</div>
</body>

</html>
}
```

OUTPUT: -

The image shows a web form titled "Student Registration Form". It contains the following fields and controls:

- Full Name**: A text input field with placeholder text "Enter full name".
- Registration Number**: A text input field with placeholder text "Enter registration no.".
- Fees**: A text input field with placeholder text "Enter fees".
- Subjects**: A text input field with placeholder text "Enter subjects".
- Branch**: A dropdown menu with the text "-- Select Branch --" and a downward arrow.
- Mobile Number**: A text input field with placeholder text "Enter mobile number".
- Email Address**: A text input field with placeholder text "Enter email".
- Time of Admission**: A date and time picker control showing "-- : --" and a calendar icon.
- Submit**: A large blue button with the text "Submit".

5.2 Create an employee registration form

CODE:-

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Employee Registration Form</title>
  <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.3.0/dist/css/bootstrap.min.css"
rel="stylesheet">

  <style>
    body {
      background-color: #f8f9fa;
    }
    .form-container {
      max-width: 700px;
      margin: 50px auto;
      background: white;
      padding: 30px;
      border-radius: 10px;
      box-shadow: 0 4px 20px rgba(0,0,0,0.1);
    }
  </style>
</head>
<body>
  <div class="form-container">
    <h3>Employee Registration Form</h3>
    <div>
      <div>
        <input type="text" value="Full Name" />
      </div>
      <div>
        <input type="text" value="Registration Number" />
      </div>
      <div>
        <input type="text" value="Fees" />
      </div>
      <div>
        <input type="text" value="Subjects" />
      </div>
      <div>
        <input type="text" value="Branch" />
      </div>
      <div>
        <input type="text" value="Mobile Number" />
      </div>
      <div>
        <input type="text" value="Email Address" />
      </div>
      <div>
        <input type="text" value="Time of Admission" />
      </div>
      <div>
        <button type="submit" value="Submit" />
      </div>
    </div>
  </div>
</body>
</html>
```

```

    h2 {
        text-align: center;
        margin-bottom: 25px;
        font-weight: 600;
    }
</style>
</head>
<body>

<div class="form-container">
    <h2>Employee Registration Form</h2>
    <form>
        <div class="mb-3">
            <label class="form-label">Full Name</label>
            <input type="text" class="form-control" placeholder="Enter your full name"
required>
        </div>

        <div class="mb-3">
            <label class="form-label">Age</label>
            <input type="number" class="form-control" placeholder="Enter your age" min="18"
max="65" required>
        </div>

        <div class="mb-3">
            <label class="form-label">Gender</label>
            <select class="form-select" required>
                <option value="">Select...</option>
                <option>Male</option>
                <option>Female</option>
                <option>Other</option>
            </select>
        </div>

        <div class="mb-3">
            <label class="form-label">Address</label>
            <textarea class="form-control" rows="3" placeholder="Enter your address"
required></textarea>
        </div>

        <div class="mb-3">
            <label class="form-label">Aadhaar Number</label>
            <input type="text" class="form-control" placeholder="Enter Aadhaar number"
pattern="\d{12}" title="Enter a valid 12-digit Aadhaar number" required>
        </div>

```

```
<div class="mb-3">
  <label class="form-label">PAN Card Number</label>
  <input type="text" class="form-control" placeholder="Enter PAN card number"
pattern="[A-Z]{5}[0-9]{4}[A-Z]{1}" title="Enter a valid PAN number (e.g., ABCDE1234F)"
required>
</div>
```

```
<div class="mb-3">
  <label class="form-label">Mobile Number</label>
  <input type="tel" class="form-control" placeholder="Enter mobile number"
pattern="[6-9]\d{9}" title="Enter a valid 10-digit Indian mobile number" required>
</div>
```

```
<div class="mb-3">
  <label class="form-label">Email address</label>
  <input type="email" class="form-control" placeholder="Enter email" required>
</div>
```

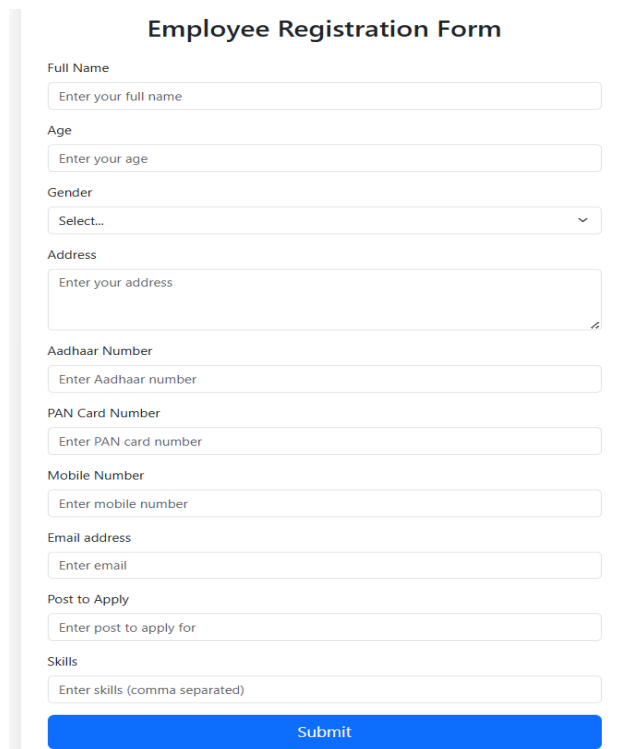
```
<div class="mb-3">
  <label class="form-label">Post to Apply</label>
  <input type="text" class="form-control" placeholder="Enter post to apply for"
required>
</div>
```

```
<div class="mb-3">
  <label class="form-label">Skills</label>
  <input type="text" class="form-control" placeholder="Enter skills (comma
separated)" required>
</div>
```

```
<div class="d-grid">
  <button type="submit" class="btn btn-primary btn-lg">Submit</button>
</div>
</form>
</div>
```

```
<script
src="https://cdn.jsdelivr.net/npm/bootstrap@5.3.0/dist/js/bootstrap.bundle.min.js"></scrip
t>
</body>
</html>
```

OUTPUT:-



The image shows a web form titled "Employee Registration Form". It contains several input fields: "Full Name" (text), "Age" (text), "Gender" (dropdown), "Address" (text), "Aadhaar Number" (text), "PAN Card Number" (text), "Mobile Number" (text), "Email address" (text), "Post to Apply" (text), and "Skills" (text). Each field has a placeholder text indicating what to enter. At the bottom of the form is a blue "Submit" button.

5.3 Create a registration form for a competitive exam

Code:-

```
<!DOCTYPE html>
<html lang="en">

<head>
  <meta charset="UTF-8" />
  <meta name="viewport" content="width=device-width, initial-scale=1" />
  <title>JEE Mains Registration Form</title>
  <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.3.0/dist/css/bootstrap.min.css"
rel="stylesheet" />
  <style>
    body {
      background-color: #f7f9fc;
      font-family: -apple-system, BlinkMacSystemFont, "Segoe UI", Roboto,
        Arial, sans-serif;
    }

    .form-container {
      max-width: 700px;
      margin: 40px auto;
      background: white;
```

```
padding: 30px 40px;
border-radius: 12px;
box-shadow: 0 6px 18px rgba(0, 0, 0, 0.1);
}

h2 {
  text-align: center;
  margin-bottom: 30px;
  color: #0d6efd;
  font-weight: 600;
}

.form-label {
  font-weight: 500;
  color: #212529;
}

.form-select,
.form-control {
  border-radius: 6px;
  padding: 10px 12px;
  font-size: 1rem;
}

.btn-submit {
  background-color: #0d6efd;
  border: none;
  padding: 12px;
  font-size: 1.15rem;
  border-radius: 8px;
  width: 100%;
}

.btn-submit:hover {
  background-color: #0b5ed7;
}

/* Responsive spacing */
@media (max-width: 576px) {
  .form-container {
    padding: 20px 15px;
  }
}
</style>
</head>

<body>
```



```

<div class="form-container">
  <h2>JEE Mains Registration Form</h2>
  <form>
    <!-- Name -->
    <div class="mb-3">
      <label for="fullname" class="form-label">Full Name</label>
      <input type="text" class="form-control" id="fullname" placeholder="Enter your full
name" required />
    </div>

    <!-- Date of Birth -->
    <div class="mb-3">
      <label for="dob" class="form-label">Date of Birth</label>
      <input type="date" class="form-control" id="dob" required />
    </div>

    <!-- Gender -->
    <div class="mb-3">
      <label for="gender" class="form-label">Gender</label>
      <select id="gender" class="form-select" required>
        <option value="" selected disabled>Select gender</option>
        <option>Male</option>
        <option>Female</option>
        <option>Other</option>
        <option>Prefer not to say</option>
      </select>
    </div>

    <!-- Aadhaar Number -->
    <div class="mb-3">
      <label for="aadhaar" class="form-label">Aadhaar Number</label>
      <input type="text" class="form-control" id="aadhaar" placeholder="12-digit
Aadhaar Number"
        pattern="\d{12}" title="Enter a valid 12-digit Aadhaar number" required />
    </div>

    <!-- PAN Card Number -->
    <div class="mb-3">
      <label for="pan" class="form-label">PAN Card Number</label>
      <input type="text" class="form-control" id="pan" placeholder="ABCDE1234F"
        pattern="[A-Z]{5}[0-9]{4}[A-Z]{1}" title="Enter a valid PAN card number (e.g.
ABCDE1234F)"
        required />
    </div>

    <!-- Mobile Number -->
    <div class="mb-3">

```

```
        <label for="mobile" class="form-label">Mobile Number</label>
        <input type="tel" class="form-control" id="mobile" placeholder="10-digit mobile
number"
        pattern="[6-9]\d{9}" title="Enter valid 10-digit Indian mobile number" required
/>
```

```
</div>
```

```
<!-- Email -->
<div class="mb-3">
    <label for="email" class="form-label">Email Address</label>
    <input type="email" class="form-control" id="email" placeholder="Enter your
email" required />
</div>
```

```
<!-- Address -->
<div class="mb-3">
    <label for="address" class="form-label">Complete Address</label>
    <textarea class="form-control" id="address" rows="3" placeholder="Enter your
mailing address"
    required></textarea>
</div>
```

```
<!-- State -->
<div class="mb-3">
    <label for="state" class="form-label">State / UT</label>
    <input type="text" class="form-control" id="state" placeholder="Enter your State
or Union Territory"
    required />
</div>
```

```
<!-- Category -->
<div class="mb-3">
    <label for="category" class="form-label">Category</label>
    <select id="category" class="form-select" required>
        <option value="" selected disabled>Select category</option>
        <option>General</option>
        <option>OBC-NCL</option>
        <option>SC</option>
        <option>ST</option>
        <option>EWS</option>
        <option>PwD</option>
    </select>
</div>
```

```
<!-- Paper Choice -->
<div class="mb-3">
    <label for="jeePaper" class="form-label">Paper to Enroll</label>
```

```

        <select id="jeePaper" class="form-select" required>
            <option value="" selected disabled>Select Paper</option>
            <option>Paper 1 - B.E./B.Tech</option>
            <option>Paper 2 - B.Arch</option>
            <option>Paper 3 - B.Planning</option>
        </select>
    </div>

    <!-- Exam City Preferences -->
    <div class="mb-3">
        <label for="examCity" class="form-label">Preferred Exam City</label>
        <input type="text" class="form-control" id="examCity" placeholder="Enter your
preferred exam city"
        required />
        <small class="form-text text-muted">You may enter up to 4 preferred cities
separated by commas</small>
    </div>

    <!-- Upload Photograph -->
    <div class="mb-3">
        <label for="photo" class="form-label">Upload Photograph (JPEG/PNG, max
300kb)</label>
        <input type="file" class="form-control" id="photo" accept="image/png,
image/jpeg" required />
    </div>

    <!-- Upload Signature -->
    <div class="mb-3">
        <label for="signature" class="form-label">Upload Signature (JPEG/PNG, max
50kb)</label>
        <input type="file" class="form-control" id="signature" accept="image/png,
image/jpeg" required />
    </div>

    <!-- Submit Button -->
    <button type="submit" class="btn btn-primary btn-lg mt-3">
        Submit Registration
    </button>
</form>
</div>

<script
src="https://cdn.jsdelivr.net/npm/bootstrap@5.3.0/dist/js/bootstrap.bundle.min.js"></scrip
t>
</body>

</html>

```

OUTPUT:-

JEE Mains Registration Form

Full Name

Enter your full name

Date of Birth

dd-mm-yyyy

Gender

Select gender

Aadhaar Number

12-digit Aadhaar Number

PAN Card Number

ABCDE1234F

Mobile Number

10-digit mobile number

Email Address

Enter your email

Complete Address

Enter your mailing address

State / UT

Enter your State or Union Territory

Category

Select category

Paper to Enroll

Select Paper

Preferred Exam City

Enter your preferred exam city

You may enter up to 4 preferred cities separated by commas

Upload Photograph (JPEG/PNG, max 300kb)

Choose File No file chosen

Upload Signature (JPEG/PNG, max 50kb)

Choose File No file chosen

Submit Registration

Submitted by: -
Abhash Behera
2301020213
CSE(AIML)
Group: - 05