1.

<html lang="en">

<head>

<title>Document</title>

</head>

<body>

guv

<div>

Lorem ipsum dolor sit amet consectetur adipisicing elit.

</div>

<div>

Guvi Geek Network

</div>

</body>

</html>

2.

<html lang="en">

<head>

<title>Document</title>

guvi

</head>

<body>

<div>

Lorem ipsum dolor sit amet consectetur adipisicing elit.

</div>

<div>

Guvi Geek Network

</div>

</body>

</html>

3.

<!DOCTYPE html>

<html>

<head>

<meta name="viewport" content="width=device-width, initial-scale=1">

<style>

body {font-family: Arial, Helvetica, sans-serif;}

\* {box-sizing: border-box;}

input[type=text], select, textarea {

width: 100%;

padding: 12px;

border: 1px solid #ccc;

border-radius: 4px;

box-sizing: border-box;

margin-top: 6px;

margin-bottom: 16px;

resize: vertical;

}

input[type=submit] {

background-color: #04AA6D;

color: white;

padding: 12px 20px;

border: none;

border-radius: 4px;

cursor: pointer;

}

input[type=submit]:hover {

background-color: #45a049;

}

.container {

border-radius: 5px;

background-color: #f2f2f2;

padding: 20px;

}

</style>

</head>

<body>

<h3>Contact Form</h3>

<div class="container">

<label for="fname">First Name</label>

<input type="text" id="fname" name="firstname" placeholder="Enter first name..">

<label for="lname">Last Name</label>

<input type="text" id="lname" name="lastname" placeholder="Enter last name..">

<label for="cno">Contact number</label>

<input type="text" id="cno" name="cno" placeholder="Enter 10 digit number...">

</select>

<label for="comments">Comments</label>

<textarea id="comments" name="comments" placeholder="Write something.." style="height:200px"></textarea>

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

</div>

</body>

</html>

4.

<p>Check out <a href="https://www.google.com/" target="\_blank" rel="noopener noreferrer">Google</a> </p>

8.

<!DOCTYPE html>

<html>

<head>

<style>

table, th, td {

border: 1px solid black;

border-collapse: collapse;

}

</style>

</head>

<body>

<h2>Health chart</h2>

<table style="width:100%">

<tr>

<th rowspan="2">State of health</th>

<th colspan="2">Fasting Value</th>

<th>After eating</th>

</tr>

<tr>

<th>Minimum</th>

<th>Maximum</th>

<th>2 hours after eating</th>

</tr>

<tr>

<td>Healthy</td>

<td>70</td>

<td>100</td>

<td>Less than 140</td>

</tr>

<tr>

<td>Pre Diabetes</td>

<td>101</td>

<td>126</td>

<td>140 to 200</td>

</tr>

<tr>

<td>Diabetes</td>

<td>More than 126</td>

<td>N/A</td>

<td>More than 200</td>

</tr>

</table>

</body>

</html>

10. <!DOCTYPE html>

<html>

<body>

<p><mark>HTML and CSS is awesome</mark> </p>

</body>

</html>

|  |
| --- |
| Update form task  <html> |
|  |
| <head> |
| <title></title> |
| <style> |
| header { |
| text-align: center; |
| color: white; |
| background-color: maroon; |
| display: block; |
| width: 100% |
| } |
|  |
| header a { |
| color: yellow |
| } |
|  |
| table { |
|  |
| border: 1px solid black; |
| border-collapse: collapse; |
| width: 100% |
| } |
|  |
| tr { |
|  |
| border: 1px solid black; |
|  |
|  |
|  |
| } |
|  |
|  |
| td { |
| border: 1px solid black; |
| } |
|  |
|  |
|  |
| body { |
| background-color: palegoldenrod; |
| } |
|  |
|  |
| #asterisk { |
| color: red |
| } |
|  |
| #disabledField { |
| color: grey |
| } |
| </style> |
| </head> |
|  |
| <body> |
| <header> |
| Request For New PAN Card Or/And Changes Or Correction in PAN Data |
| <br> |
| Fields marked with \* (asterisk) are mandatory. . To avoid mistake(s), please refer <a href="#"> guidelines</a> |
| and<a href="#"> instructions</a>. |
| </header> |
| <section> |
|  |
|  |
| <form method="get" autocomplete="false"> |
|  |
| <table name="formTable"> |
|  |
| <tbody> |
|  |
| <tr>&nbsp;</tr> |
| <tr> |
|  |
| <td>&nbsp;</td> |
| <td width='100%'> |
| <span id="asterisk">\*</span><b>Whether citizen of India</b> |
| &nbsp; &nbsp; &nbsp; &nbsp; &nbsp; &nbsp; &nbsp; &nbsp; |
| <label for="citizen">Yes</label> |
| <input type="radio" name="citizen" value="yes" id="yesCitizen" checked> |
|  |
| <label for="citizen">No</label> |
| <input type="radio" name="citizen" value="no" id="noCitizen"> |
|  |
| </td> |
|  |
| </tr> |
|  |
| <tr> |
|  |
| <td>&nbsp;</td> |
| <td width='98%'> |
|  |
| <span id="asterisk">\*</span> |
|  |
| <label for="citizen"><b>Permanent Account Number (PAN)</b></label> |
| <input type="text" name="pan" id="pan"> |
|  |
|  |
|  |
| </td> |
|  |
| </tr> |
|  |
| <tr> |
|  |
| <td><input type="checkbox" value="name" /></td> |
|  |
| <td width='98%'> |
|  |
| <span id="asterisk">\*</span> |
|  |
| <b>1. Name</b> |
|  |
| </td> |
|  |
| </tr> |
|  |
| <tr> |
| <td>&nbsp;</td> |
| <td width="98%"> |
|  |
|  |
| <b>Title</b>&nbsp;&nbsp;&nbsp;&nbsp; |
|  |
| <label for="shri/mr">Shri/Mr</label> |
| <input type="radio" value="Shri/Mr" name="salutation" id="shri-mr"> |
| &nbsp; |
| <label for="smt/mrs">Smt./Mrs.</label> |
| <input type="radio" value="Smt/Mrs" name="salutation" id="smt-mrs"> |
| &nbsp; |
| <label for="shri/mr">Shri/Mr</label> |
| <input type="radio" value="Shri/Mr" name="salutation" id="shri-mr"> |
| &nbsp; |
| <span id="disabledField">M/s</span> |
| </td> |
|  |
| </tr> |
|  |
|  |
|  |
| <tr> |
| <td>&nbsp;</td> |
| <td> |
| <table> |
| <tbody> |
| <tr> |
| <td> |
| <label for="lname"><b>Last Name/Surname</b></label> |
| <br> |
| <input type="text" name="lname" value="" id="lname"> |
| </td> |
| <td> |
| <label for="fname"><b>First Name</b></label> |
| <br> |
| <input type="text" name="fname" value="" id="fname"> |
| </td> |
| <td> |
| <label for="mname"><b>Middle Name</b></label> |
| <br> |
| <input type="text" name="mname" value="" id="mname"> |
| </td> |
|  |
| </tr> |
| </tbody> |
| </table> |
| </td> |
| </tr> |
|  |
| <tr> |
| <td>&nbsp;</td> |
| <td> |
| <span id="asterisk">\*</span> |
| <b> |
| Name as you would like it printed on the card |
| </b> |
| <span id="cardInfoTxt" style="color: green">(Prefix like |
| Shri, Smt, Kumari, Late, |
| Dr, CA, Ms, Mr, Mrs, M/s, Alias etc. are not allowed)</span> |
|  |
| </td> |
| </tr> |
| <tr> |
| <td>&nbsp;</td> |
| <td> |
| <input type="text" value="" style="width:60%"> |
| </td> |
| </tr> |
|  |
| <tr> |
| <td>&nbsp;</td> |
| <td> |
|  |
| <b> |
| Details of Parents. |
| </b> |
| <span id="cardInfoTxt" style="color: rgb(0, 100, 0);">(Prefix like Shri, Smt, Kumari, Late, |
| Dr, CA, Ms, Mr, Mrs, M/s, Alias etc. are not allowed.) |
| </span> |
|  |
| </td> |
| </tr> |
|  |
| <tr> |
|  |
| <td> |
| &nbsp;&nbsp;&nbsp; |
| </td> |
|  |
| <td> |
| <table> |
| <tbody> |
| <tr> |
| <td> |
| <b>Whether mother is single parent and you wish to apply for PAN by |
| furnishing |
| the name of your mother only |
| </b> |
| </td> |
| <td> |
| <label for="singleMotherY"> Yes</label> |
| <input type="radio" name="singleMother" value="Yes" id="singleMotherY" /> |
| <label> No</label> |
| <input type="radio" name="singleMother" value="NO" id="singleMotherN" /> |
| </td> |
|  |
| </tr> |
| </tbody> |
| </table> |
| </td> |
|  |
| </tr> |
|  |
|  |
| <tr> |
|  |
| <td><input type="checkbox" value="fathersName" /></td> |
|  |
| <td width='98%'> |
|  |
| <span id="asterisk">\*</span> |
|  |
| <b>Father's Name</b><span style="color:green"">(Mandatory field. Even married women should give father's name |
| only.)</span> |
|  |
| </td> |
|  |
| </tr> |
|  |
| <tr> |
| <td>&nbsp;</td> |
| <td> |
| <table> |
| <tbody> |
| <tr> |
| <td> |
| <label for=" fnameFather"><b>Last Name/Surname</b></label> |
| <br> |
| <input type="text" name="lnameFather" value="" id="lnameFather"> |
| </td> |
| <td> |
| <label for="lnameFather"><b>First Name</b></label> |
| <br> |
| <input type="text" name="fnameFather" value="" id="fnameFather"> |
| </td> |
| <td> |
| <label for="mname"><b>Middle Name</b></label> |
| <br> |
| <input type="text" name="mname" value="" id="mname"> |
| </td> |
|  |
| </tr> |
| </tbody> |
| </table> |
| </td> |
| </tr> |
|  |
| <tr> |
|  |
| <td><input type="checkbox" value="mothersName" /></td> |
|  |
| <td width='98%'> |
|  |
| <span id="asterisk">\*</span> |
|  |
| <b>Mother's Name</b><span style="color:green">(This Field is optional)</span> |
|  |
| </td> |
|  |
| </tr> |
|  |
| <tr> |
| <td>&nbsp;</td> |
| <td> |
| <table> |
| <tbody> |
| <tr> |
| <td> |
| <label for=" fnameFather"><b>Last Name/Surname</b></label> |
| <br> |
| <input type="text" name="lnameFather" value="" id="lnameFather"> |
| </td> |
| <td> |
| <label for="lnameFather"><b>First Name</b></label> |
| <br> |
| <input type="text" name="fnameFather" value="" id="fnameFather"> |
| </td> |
| <td> |
| <label for="mname"><b>Middle Name</b></label> |
| <br> |
| <input type="text" name="mname" value="" id="mname"> |
| </td> |
|  |
| </tr> |
| </tbody> |
| </table> |
| </td> |
| </tr> |
|  |
| <tr> |
|  |
| <td> |
| &nbsp;&nbsp;&nbsp; |
| </td> |
| <td> |
| <table> |
| <tbody> |
| <tr> |
|  |
| <td> |
| <span id="asterisk">\*</span> |
| <b>4. Select Parent name which is to be printed on the card |
| </b> |
| </td> |
| <td> |
| <label for="fatherName"> Father Name</label> |
| <input type="radio" name="parentName" value="fatherName" id="fatherNameY" /> |
| <label for=""> Mother Name</label> |
| <input type="radio" name="parentName" value="motherName" id="MotherName" /> |
| </td> |
| </tr> |
| </tbody> |
| </table> |
| </td> |
|  |
|  |
|  |
| </tr> |
|  |
| <tr> |
|  |
| <td><input type="checkbox" value="dob" id="dob"></td> |
|  |
| <td> |
|  |
| <table> |
| <tbody> |
| <tr> |
| <td><span id="asterisk">\*</span><b> 5. Date of Birth/Incorporation/Agreement/Partnership |
| or Trust Deed/Formation of Body of Individuals/ |
| Association of Persons</b></td> |
|  |
| <td><input type="date"></td> |
|  |
| </tr> |
| </tbody> |
| </table> |
|  |
| </td> |
|  |
|  |
|  |
| </tr> |
| <tr> |
|  |
| <td><input type="checkbox" value="gender" id="gender"></td> |
|  |
|  |
|  |
| <td> |
| <table> |
| <tbody> |
| <tr> |
| <td><span id="asterisk">\*</span><b> 6.Gender</b></td> |
|  |
| <td> |
|  |
| <label for="male">Male</label> |
| <input type="radio" value="male" id="male" name="gender"> |
|  |
| <label for="female">Female</label> |
| <input type="radio" value="female" id="female" name="gender"> |
|  |
| <label for="female">Transgender</label> |
| <input type="radio" value="transgender" id="transgender" name="gender"> |
| </td> |
| </tr> |
| </tbody> |
| </table> |
| </td> |
|  |
|  |
|  |
|  |
| </tr> |
|  |
| <tr> |
| <td> |
| <input type="checkbox" values="photoMismatch" id="photoMisMatch"> |
| </td> |
| <td> |
| <b>7.Photo Mismatch</b> |
| </td> |
| </tr> |
|  |
| <tr> |
| <td> |
| <input type="checkbox" values="sigMismatch" id="sigMisMatch"> |
| </td> |
| <td> |
| <b>8.Signature Mismatch</b> |
| </td> |
| </tr> |
|  |
| <tr> |
| <td><input type="checkbox" value="address" id="address"></td> |
|  |
| <td> |
| <table> |
| <tbody> |