<!doctype html>

<html lang="en">

<head>

  <!-- Required meta tags -->

  <meta charset="utf-8">

  <meta name="viewport" content="width=device-width, initial-scale=1, shrink-to-fit=no">

  <!-- Bootstrap CSS -->

  <link rel="stylesheet" href="https://stackpath.bootstrapcdn.com/bootstrap/4.3.1/css/bootstrap.min.css"

    integrity="sha384-ggOyR0iXCbMQv3Xipma34MD+dH/1fQ784/j6cY/iJTQUOhcWr7x9JvoRxT2MZw1T" crossorigin="anonymous">

  <title>Contact Anuj</title>

</head>

<body>

  <!-- our code starts here -->

  <nav class="navbar navbar-expand-lg navbar-dark bg-dark">

    <a class="navbar-brand" href="/">Anuj Tiwari</a>

    <button class="navbar-toggler" type="button" data-toggle="collapse" data-target="#navbarSupportedContent"

      aria-controls="navbarSupportedContent" aria-expanded="false" aria-label="Toggle navigation">

      <span class="navbar-toggler-icon"></span>

    </button>

    <div class="collapse navbar-collapse" id="navbarSupportedContent">

      <ul class="navbar-nav mr-auto">

        <li class="nav-item">

          <a class="nav-link" href="/">Home <span class="sr-only">(current)</span></a>

        </li>

        <li class="nav-item">

          <a class="nav-link" href="/about.html">About</a>

        </li>

        <li class="nav-item active">

          <a class="nav-link" href="/contact.html">Contact Me</a>

        </li>

      </ul>

      <form class="form-inline my-2 my-lg-0">

        <input class="form-control mr-sm-2" type="search" placeholder="Search" aria-label="Search">

        <button class="btn btn-outline-success my-2 my-sm-0" type="submit">Search</button>

      </form>

    </div>

  </nav>

  <div class="container mt-3">

        <hr>

    <h3>Contact Me for any Query</h3>

    <hr>

        <form>

                <div class="form-row">

                        <div class="form-group col-md-6">

                          <label for="inputEmail4">Name</label>

                          <input type="text" class="form-control" id="name" placeholder="Name">

                        </div>

                        <div class="form-group col-md-6">

                          <label for="inputPassword4">Reason For Contacting</label>

                          <input type="text" class="form-control" id="reason" placeholder="Reason For Contacting">

                        </div>

                      </div>

                <div class="form-row">

                  <div class="form-group col-md-6">

                    <label for="inputEmail4">Email</label>

                    <input type="email" class="form-control" id="inputEmail4" placeholder="Email">

                  </div>

                  <div class="form-group col-md-6">

                    <label for="inputPassword4">Password</label>

                    <input type="password" class="form-control" id="inputPassword4" placeholder="Password">

                  </div>

                </div>

                <div class="form-group">

                  <label for="inputAddress">Address</label>

                  <input type="text" class="form-control" id="inputAddress" placeholder="1234 Main St">

                </div>

                <div class="form-group">

                  <label for="inputAddress2">Address 2</label>

                  <input type="text" class="form-control" id="inputAddress2" placeholder="Apartment, studio, or floor">

                </div>

                <div class="form-row">

                  <div class="form-group col-md-6">

                    <label for="inputCity">City</label>

                    <input type="text" class="form-control" id="inputCity">

                  </div>

                  <div class="form-group col-md-4">

                    <label for="inputState">State</label>

                    <select id="inputState" class="form-control">

                      <option selected>Choose...</option>

                      <option>...</option>

                    </select>

                  </div>

                  <div class="form-group col-md-2">

                    <label for="inputZip">Zip</label>

                    <input type="text" class="form-control" id="inputZip">

                  </div>

                </div>

                <div class="form-group">

                  <div class="form-check">

                    <input class="form-check-input" type="checkbox" id="gridCheck">

                    <label class="form-check-label" for="gridCheck">

                      Check me out

                    </label>

                  </div>

                </div>

                <button type="submit" class="btn btn-primary">Sign in</button>

              </form>

  </div>

  <!-- Optional JavaScript -->

  <!-- jQuery first, then Popper.js, then Bootstrap JS -->

  <script src="https://code.jquery.com/jquery-3.3.1.slim.min.js"

    integrity="sha384-q8i/X+965DzO0rT7abK41JStQIAqVgRVzpbzo5smXKp4YfRvH+8abtTE1Pi6jizo"

    crossorigin="anonymous"></script>

  <script src="https://cdnjs.cloudflare.com/ajax/libs/popper.js/1.14.7/umd/popper.min.js"

    integrity="sha384-UO2eT0CpHqdSJQ6hJty5KVphtPhzWj9WO1clHTMGa3JDZwrnQq4sF86dIHNDz0W1"

    crossorigin="anonymous"></script>

  <script src="https://stackpath.bootstrapcdn.com/bootstrap/4.3.1/js/bootstrap.min.js"

    integrity="sha384-JjSmVgyd0p3pXB1rRibZUAYoIIy6OrQ6VrjIEaFf/nJGzIxFDsf4x0xIM+B07jRM"

    crossorigin="anonymous"></script>

</body>

</html>