

1.Create a form for taking college admission

```
<html>

<head>

<title>Student Registration Form Using Table in HTML</title>

</head>

<body>

<h2 style="text-align:center;">Amal Jyothi College of Engineering</h2>

<h2 style="text-align:center;">Student Registration Form</h2>

<table align="center" cellpadding = "10">

<!------- First Name ----->

<tr>

<td>First Name</td>

<td><input type="text" name="FirstName" maxlength="50" />

</td>

</tr>

<!------- Last Name ----->

<tr>

<td>Last Name</td>

<td><input type="text" name="LastName" maxlength="50"/>

</td>

</tr>

<!------- Email ID ----->

<tr>

<td>Email ID</td>

<td><input type="email" name="EmailID" maxlength="100"/></td>

</tr>

<!------- Mobile Number ----->

<tr>

<td>Mobile Number</td>
```

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<td>
<input type="text" name="MobileNumber" maxlength="10"/>
</td>
</tr>
<!------- Gender ----->
<tr>
<td>Gender</td>
<td>
<input type="radio" name="Gender" value="Male" />
Male
<input type="radio" name="Gender" value="Female" />
Female
</td>
</tr>
<!------- Date Of Birth----->
<tr>
<td>Date of Birth(DOB)</td>
<td>
<form action="/action_page.php">
<label for="BirthDay">BirthDay:</label>
<input type="date" id="BirthDay"
name="BirthDay">
<input type="submit">
</form>
</select>
</td>
</tr>
<!------- Address ----->
<tr>

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<td>Address<br /><br /><br /></td>

<td><textarea name="Address" rows="10" cols="50"></textarea></td>

</tr>

<!------- City ----->

<tr>

<td>City</td>

<td><input type="text" name="City" maxlength="50"/>

</td>

</tr>

<!------- Pin Code----->

<tr>

<td>Pin Code</td>

<td><input type="Number" name="PinCode" maxlength="6" />

</td>

</tr>

<!------- State ----->

<tr>

<td>State</td>

<td><input type="text" name="State" maxlength="50" />

</td>

</tr>

<!------- Country ----->

<tr>

<td>Country</td>

<td><input type="text" name="Country" /></td>

</tr>

<!-------Qualification----->

<tr>

<td>Qualification <br /><br /><br /></td>

```

```

<td>
<table>
<tr>
<td align="center"><b>No.</b></td>
<td align="center"><b>Examination</b></td>
<td align="center"><b>Board/University</b></td>
<td align="center"><b>Percentage</b></td>
<td align="center"><b>Year of Passing</b></td>
</tr>
<tr>
<td>1</td>
<td>Class X</td>
<td><input type="text" name="ClassX_Board" maxlength="30"/></td>
<td><input type="text" name="ClassX_Percentage" maxlength="30"/></td>
<td><input type="text" name="ClassX_YrofPassing" maxlength="30"/></td>
</tr>
<tr>
<td>2</td>
<td>Class XII</td>
<td><input type="text" name="ClassXII_Board" maxlength="30"/></td>
<td><input type="text" name="ClassXII_Percentage" maxlength="30"/></td>
<td><input type="text" name="ClassXII_YrofPassing" maxlength="30"/></td>
</tr>
<tr>
<td>3</td>
<td>Graduation</td>
<td><input type="text" name="Graduation_University" maxlength="30"/></td>
<td><input type="text" name="Graduation_Percentage" maxlength="30"/></td>
<td><input type="text" name="Graduation_YrofPassing" maxlength="30"/></td>

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</tr>
<tr>
<td></td>
<td></td>
<td align="center">(10 char max)</td>
<td align="center">(upto 2 decimal)</td>
</tr>
</table>
</td>
</tr>
<!------- Courses ----->
<tr>
<td>Courses<br />Applied For</td>
<td>
<input type="radio" name="CourseBCA" value="BCA">
BCA(Bachelor of Computer Applications)<br>
<input type="radio" name="CourseBCom" value="B.Com">
B.Com(Bachelor of Commerce)<br>
<input type="radio" name="CourseBSc" value="B.Sc">
B.Sc(Bachelor of Science)<br>
<input type="radio" name="CourseBA" value="B.A">
BA(Bachelor of Arts)<br>
<input type="radio" name="CourseMCA" value="MCA">
MCA(Master of Computer Applications)<br>
<input type="radio" name="CourseMCom" value="M.Com">
M.Com(Master of Commerce)<br>
<input type="radio" name="CourseMSc" value="M.Sc">
M.Sc(Master of Science)<br>
<input type="radio" name="CourseMA" value="M.A">

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MA(Master of Arts)<br>
</td>
</tr>
<!------- Submit and Reset ----->
<tr>
<td colspan="2" align="center">
<input type="submit" value="Submit">
<input type="reset" value="Reset">
</td>
</tr>
</table>
</form>
</body>
</html>
```

Output

Amal Jyothi College of Engineering Student Registration Form

First Name	<input type="text"/>																				
Last Name	<input type="text"/>																				
Email ID	<input type="text"/>																				
Mobile Number	<input type="text"/>																				
Gender	<input type="radio"/> Male <input type="radio"/> Female																				
Date of Birth(DOB)	BirthDay: <input type="text" value="dd - - - - yyyy"/> <input type="button" value="Submit"/>																				
Address	<div><div></div></div>																				
City	<input type="text"/>																				
Pin Code	<input type="text"/>																				
State	<input type="text"/>																				
Country	<input type="text"/>																				
Qualification	<table><thead><tr><th>No.</th><th>Examination</th><th>Board/University</th><th>Percentage</th><th>Year of Passing</th></tr></thead><tbody><tr><td>1</td><td>Class X</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>2</td><td>Class XII</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3</td><td>Graduation</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table> <div>(10 char max) (upto 2 decimal)</div>	No.	Examination	Board/University	Percentage	Year of Passing	1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>
No.	Examination	Board/University	Percentage	Year of Passing																	
1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Courses Applied For	<div><input type="radio"/> BCA(Bachelor of Computer Applications) <input type="radio"/> B.Com(Bachelor of Commerce) <input type="radio"/> B.Sc(Bachelor of Science) <input type="radio"/> BA(Bachelor of Arts) <input type="radio"/> MCA(Master of Computer Applications) <input type="radio"/> M.Com(Master of Commerce) <input type="radio"/> M.Sc(Master of Science) <input type="radio"/> MA(Master of Arts)</div>																				
<div><input type="button" value="Submit"/> <input type="button" value="Reset"/></div>																					

2.Create a HTML form page with 4 frames and the first frame should have a hyperlink, second frame should have an image, third frame should have a table and forth frame should have an employee registration form.

```
<html>
<frameset rows="150px,*">
<frame noresize src="C:\Users\Ashiq\Desktop\prgm\ 4 Frame\hyperlink\index.html">
<frameset cols="20%,20%,*">
<frame src="C:\Users\Ashiq\Desktop\prgm\ 4 Frame\Image\index.html">
<frame src="C:\Users\Ashiq\Desktop\prgm\ 4 Frame\table\index.html">
<frame src="C:\Users\Ashiq\Desktop\prgm\ 4 Frame\Employee Registration\index2.html">
</frameset>
</frameset>
</html>
```

Frame 1

```
<html>
<head>
<title>HTML Hyperlinks</title>
</head>
<body>
<h1>Amal Jyothi College</h1>
<p> Click<a href=https://www.aesajce.in> here </a> to go to the website of Amal Jyothi College of
engineering </p>
</body>
</html>
```


Frame 2

```
<html>

<head>

<title>Using Image in Webpage</title>

</head>

<body>

<p><b>Amal jyothi college </b></p>

<img src = "C:\Users\Ashiq\Desktop\prgm\ 4 Frame\Image\images - 2021-01-11T105856.023.jpeg." alt
= "College Image" />

</body>

</html>
```

Frame 3

```
<html>

<head>

<title>HTML Table</title>

</head>

<body>

<table border = "1" bordercolor = "green" background = "C:\Users\Ashiq\Desktop\prgm\ 4
Frame\table\KTU MCA A 2022 20210111_110702.jpg">

<tr>

<th>Column 1</th>

<th>Column 2</th>

<th>Column 3</th>

</tr>

<tr>

<td rowspan = "4">Row 1 Cell 1</td>
```

```

<td> Row 1 Cell 2</td>
<td> Row 1 Cell 3</td>
</tr>
<tr>
<td> Row 2 Cell 2</td>
<td>Row 2 Cell 3</td>
</tr>
<tr>
<td colspan = "4">Row 3 Cell 1</td>
</tr>
</table>
</body>
</html>

```

Frame 4

```

<html>
<head>
<title>Registration Form</title>
</head>
<body bgcolor="#FFFFFF">
<form name="emp" action="" onsubmit="return validate_form();" method="post">
<table align="center" width=40% width="100%" cellspacing="2" cellpadding="2" border="5">
<tr>
<td colspan="2" align="center"><b>Employee Registration Form.</b></td>
</tr>
<tr>
<td align="left" valign="top" width="41%">Employee Name<span style="color:red">*</span></td>
<td width="57%"><input type="text" value="" name="emp_name" size="24"></td>

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```

</tr>

<tr>

<td align="left" valign="top" width="41%">Employee Number<span style="color:red">*</span></td>

<td width="57%"> <input type="text" value="" name="num" onkeypress="return isNumberKey(event)"
size="24"></td>

</tr>

<tr>

<td align="left" valign="top" width="41%">Address</td>

<td width="57%"><textarea rows="4" maxlen="200" name="S2" cols="20"></textarea></td>

</tr>

<tr>

<td align="left" valign="top" width="41%">Contact Number</td>

<td width="57%"> <input type="text" value="" onkeypress="return isNumberKey(event)"
name="txtFName1" size="24"></td>

</tr>

<tr>

<td align="left" valign="top" width="41%">Job Location</td> <td width="57%"><select
name="mydropdown"> <option value="Default">Default</option>

<option value="Kottayam">Kanjirapalli</option>

</select>

</td>

</tr>

<tr>

<td align="left" valign="top" width="41%">Designation</td>

<td width="57%"> <select name="mydropdown">

<option value="Default">Default</option>

<option value="Principal">Principal</option>

<option value="Head of Department">HOD</option>

<option value="Teacher">Teacher</option>

<option value="Lab Assistant">Lab Assistant</option>

```

```
<option value="Peon">Peon</option>
```

</select>

</td>

|
 Email* | |[illegible]

</table>

</form>

</body>

</html>

Output

Amal Jyothi College

Click [here](#) to go to the website of Amal Jyothi College of engineering

Amal jyothi college



Column 1	Column 2	Column 3
Row 1 Cell 1	Row 1 Cell 2	Row 1 Cell 3
Row 2 Cell 1	Row 2 Cell 2	Row 2 Cell 3
Row 3 Cell 1	Row 3 Cell 2	Row 3 Cell 3

Employee Registration Form.	
Employee Name*	<input type="text"/>
Employee Number*	<input type="text"/>
Address	<input type="text"/>
Contact Number	<input type="text"/>
Job Location	Default <input type="button" value="v"/>
Designation	Default <input type="button" value="v"/>
Email*	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Reset All"/>	