3.create a webpage to collect and display personal details using various HTML controls.

SOURCE CODE:

```
Detail.html
                                      <html >
                                       <head>
                              <meta charset="UTF-8">
                     <title>Responsive Registration Form</title>
                       <link rel="stylesheet" href="design.css">
                                      </head>
                                      <body>
                        <h1>Student Registration Form</h1>
                               <div class="container">
                                 <div class="row">
                                <div class="col-10">
                       <label for="fname">First Name:</label>
                                       </div>
                                <div class="col-90">
<input type="text" id="fname" name="firstname" placeholder="Enter your first name">
                                       </div>
                                       </div>
                                 <div class="row">
                                <div class="col-10">
                       <label for="lname">Last Name:</label>
                                       </div>
                                <div class="col-90">
 <input type="text" id="lname" name="lastname" placeholder="Enter your last name">
                                       </div>
                                       </div>
                                 <div class="row">
                                <div class="col-10">
                          <label for="email">Email:</label>
                                       </div>
                                <div class="col-90">
  <input type="email" id="email" name="email" placeholder="it should contain @,.">
                                       </div>
                                       </div>
                                 <div class="row">
                                <div class="col-10">
                        <label for="mobile">Mobile:</label>
                                       </div>
                                <div class="col-90">
<input type="tel" id="mobile" name="mobile" placeholder="only 10 digits are allowed">
                                       </div>
                                       </div>
                                 <div class="row">
```

```
<div class="col-10">
                 <label for="gender">Gender:</label>
                                </div>
                         <div class="col-90">
  <input type="radio" id="male" name="gender" value="male"/>Male
<input type="radio" id="female" name="gender" value="female"/>Female
                                </div>
                                </div>
                          <div class="row">
                         <div class="col-10">
                <label for="dob">Date Of Birth:</label>
                                </div>
                         <div class="col-90">
              <input type="Date" id="dob" name="dob">
                                </div>
                                </div>
                          <div class="row">
                         <div class="col-10">
                <label for="address">Address:</label>
                                </div>
                         <div class="col-90">
<textarea name="address" id="address" cols="30" rows="10"></textarea>
                                </div>
                                </div>
                          <div class="row">
                         <div class="col-10">
                    <label for="city">City:</label>
                                </div>
                         <div class="col-90">
       <input type="text" id="city" name="city" maxlength="10">
                                </div>
                                </div>
                          <div class="row">
                         <div class="col-10">
                <label for="pincode">Area PIN:</label>
                                </div>
                         <div class="col-90">
      <input type="number" id="pin" name="pin" maxlength="6">
                                </div>
                                </div>
                          <div class="row">
                         <div class="col-10">
                   <label for="state">State:</label>
                                </div>
                         <div class="col-90">
              <input type="text" id="state" name="state">
                                </div>
                                </div>
                          <div class="row">
                         <div class="col-10">
```

```
<label for="qualification" required >Qualification:</label>
                                         </div>
                                 <div class="col-90">
                    <select name="qualification" id="qualification">
                    <option value=" ">Select Qualification:</option>
                   <option value="Graduation">Graduation</option>
                       <option value="BTech.">BTech.</option>
                       <option value="MTech.">MTech.
                         <option value="MCA">MCA</option>
                         <option value="BCA">BCA</option>
                                       </select>
                                         </div>
                                        </div>
                                   <div class="row">
                                 <div class="col-10">
                   <label for="specialization">Specialization:</label>
                                         </div>
                                 <div class="col-90">
     <input type="checkbox" class="specialization" id="cs" name="specialization[]"</pre>
                   value="Computer Science">Computer Science<br/>
      <input type="checkbox" class="specialization" id="it" name="specialization[]"</pre>
             value="Information Technology">Information Technology<br/>
     <input type="checkbox" class="specialization" id="ca" name="specialization[]"</pre>
              value="Computer Architecture">Computer Architecture<br/>
<input type="checkbox" class="specialization" id="tc" name="specialization[]" value="Tele</pre>
                      Communication">Tele Communication<br/>
                                        </div>
                                         </div>
                                   <div class="row">
                                 <div class="col-10">
                       <label for="password">Password:</label>
                                        </div>
                                  <div class="col-90">
       <input type="password" id="password" name="password" maxlength="8">
                                        </div>
                                         </div>
                                   <div class="row">
       <input type="submit" value="Registered" onclick="SaveStudentDetails()">
                                         </div>
                                         </div>
                                       <Script>
                             function SaveStudentDetails()
                                 alert("Details saved");
                                       </Script>
                                        </body>
                                        </html>
```

```
Design.css
```

```
*{box-sizing: border-box;
input[type=text], input[type=email], input[type=number], input[type=select],
 input[type=date],input[type=select],input[type=password], input[type=tel]
                                width: 45%;
                               padding: 12px;
                    border: 1px solid rgb(168, 166, 166);
                             border-radius: 4px;
                               resize: vertical;
                                  textarea{
                                width:45%;
                               padding: 12px;
                    border: 1px solid rgb(168, 166, 166);
                            border-radius: 4px;
                               resize: vertical;
                 input[type=radio],input[type=checkbox]{
                                 width: 1%;
                             padding-left: 0%;
                    border: 1px solid rgb(168, 166, 166);
                            border-radius: 4px;
                               resize: vertical;
                                    h1{
                             font-family: Arial;
                             font-size: medium;
                             font-style: normal;
                             font-weight: bold;
                               color: brown;
                             text-align: center;
                         text-decoration: underline;
                                   label{
                        padding: 12px 12px 12px 0;
                            display: inline-block;
                            input[type=submit] {
                        background-color: #4CAF50;
                                color: white;
                            padding: 12px 20px;
                               border: none;
                            border-radius: 4px;
                               cursor: pointer;
                                 float:left;
                        input[type=submit]:hover {
```

```
background-color: #32a336;
        .container{
    border-radius: 5px;
background-color:#f2f2f2;
      padding: 20px;
         .col-10{
        float: left;
        width:10%;
     margin-top: 6px;
         }
.col-90{
        float: left;
       width: 90%;
     margin-top: 6px;
        .row:after{
        content:"";
       display: table;
        clear: both;
             }
```