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Roll no:264

HTML form for displaying information using interactive css including images, tables.

```
<html>
<head>
    <title> REGISTRATION FORM </title>
</head>
<style>
*{
  Padding: 0px;
  Text-align: center;
}
.container {
  Padding: 16px;
}
H2 {
  Margin-top: 4px;
  Font-family: -apple-ystem, BlinkMacSystemFont, "Segoe UI", Roboto, Oxygen,
    Ubuntu, Cantarell, "Open Sans", "Helvetica Neue", sans-serif;
  Text-align: center;
}
.avatar {
  Width: 100px;
  Height: 100px;
  Vertical-align: middle;
}
.Registration {
  Margin: auto;
  Width: 550px;
  Margin-top: 30px;
  Margin-bottom: 30px;
```

```css
  Box-sizing: border-box;

  Border: 1px solid rgba(0, 0, 0.1);

  Box-shadow: 0 5px 10px rgba(0, 0, 0.2);

}

Input[type="text"],

Input[type="tel"],

Input[type="email"],

Input[type="password"],

Input[type="date"],

Select {

  Width: 400px;

  Border: none;

  Padding: 12px 20px;

  Text-align: left;

  Margin: 5px 0px;

  Display: inline-block;

  Border: 1px solid rgb(1, 1, 20);

  Border-radius: 5px;

}

Input[type="Submit"] {

  Width: 300px;

  Padding: 14px 20px;

  Background-color: #4caf50;

  Border: none;

  Cursor: pointer;

  Margin-top: 20px;

  Color: #000;

  Font-weight: bold;

  Font-variant: small-caps;

  Border-radius: 1em;

}

Input[type="Submit"]:hover {
```

```css
  Opacity: 0.8;
}


Div label {
  Font-weight: bolder;
  Padding: 3px;
  Margin: 0px;
  Text-align: left;
}
Select:focus,
Input[type="tel"]:focus,
Input[type="text"]:focus,
Input[type="email"]:focus,
Input[type="password"]:focus,
Input[type="date"]:focus {
  Border: 2px solid rgb(0, 0, 0);
}
Input[type="radio"] {
  Margin-left: 10px;
  Display: inline-table;
}
table, th, td {
  border:1px solid black;
}
</style>
```

```html
<body>
    <div class="Registration">
        <h2> REGISTER HERE..</h2>
        <div class="container">
            <form>
                <table></table>
```

```html
<img src="C:\Users\HP\OneDrive\Desktop\reg.JPG" width="350" height="190">
<br>
<br>
<label style="text-align: left;" >Full Name:</label><br>
<input type="text" name="user name" placeholder="Name.." required>
<br>
<label>Email:</label> <br>
<input type="text" name="email address" placeholder="Email Address.." required>
<br>
<label>Date of Birth:</label><br>
<input type="date" name="DOB" required><br>
<br>
<label>Country: </label> <br>
<select name="country">
    <option value="select" disabled selected>--Select Country--</option>
    <option value="India">INDIA</option>
    <option value="USA">USA</option>
    <option value="Canada">CANDA</option>
    <option value="UK">UK</option>
    <option value="ENGLAND">ENGLAND</option>
</select>
<br><br>
<label>Gender:</label><br>
<input type="radio">Male<br>
<input type="radio">Female<br>
<br>
<input type="checkbox" required> I agree to Terms & Conditions<br>
<input type="Submit" value="REGISTER"><br>
<br>
<table style="width:100%">
  <tr>
    <th>Name</th>
```
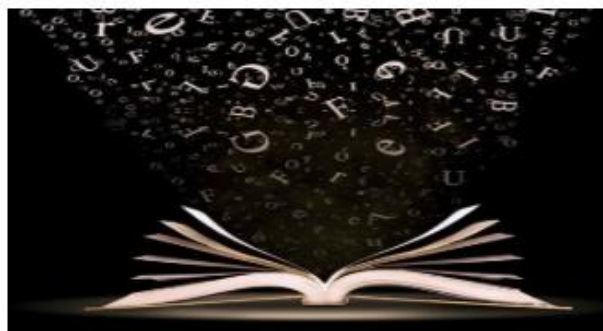
```
            <th>Email</th>
            <th>DOB</th>
            <th>Country</th>
            <th>Gender</th>
          </tr>
          <tr>
            <td>Shradha Bidwai</td>
            <td>shradha@gmail.com</td>
            <td>01-02-2004</td>
            <td>India</td>
            <td>Female</td>
          </tr>
          <tr>
            <td>Aarushi Patil</td>
            <td>Patil2@gmail.com</td>
            <td>11-05-2003</td>
            <td>India</td>
            <td>Female</td>
          </tr>
        </table>
      </div>
    </form>
  </div>
</body>
</html>
```

Output:

File C:/Shradha/registration....

REGISTER HERE..

Full Name:

Name..

Email:

Email Address..

Date of Birth:

dd-mm-yyyy

Country:

--Select Country--

Gender:
○ Male
○ Female

☐ I agree to Terms & Conditions

REGISTER

Name	Email	DOB	Country	Gender
Shradha Bidwai	shradha@gmail.com	01-02-2004	India	Female
Aarushi Patil	Patil2@gmail.com	11-05-2003	India	Female

q