Ex. No. 2	Working with HTML5 Form and Media Elements
Date of Exercise	17-12-2022

Aim

Build a site that conforms to HTML5 standards and has the following elements: doctype, html, meta (in the revised html5 format), title, body, head, div, p, headings, image, anchor, table, audio, video, iframe form, input, select, progress, fieldset, label, html comment.

Description

<audio></audio>	Defines sound content
<source/>	Defines multiple media resources for media elements (<video>, <audio> and</audio></video>
	<pre><picture>)</picture></pre>
<track/>	Defines text tracks for media elements (<video> and <audio>)</audio></video>
<video></video>	Defines a video or movie
<u><a></u>	Defines a hyperlink
<form></form>	Defines an HTML form for user input
<input/>	Defines an input control
<textarea></th><th>Defines a multiline input control (text area)</th></tr><tr><th><button></th><th>Defines a clickable button</th></tr><tr><th><select></th><th>Defines a drop-down list</th></tr><tr><th><optgroup></th><th>Defines a group of related options in a drop-down list</th></tr><tr><th><option></th><th>Defines an option in a drop-down list</th></tr><tr><th><a href="mailto:sale-"</th><th>Defines a label for an <input> element</th></tr><tr><th><fieldset></th><th>Groups related elements in a form</th></tr><tr><th><legend></th><th>Defines a caption for a <fieldset> element</th></tr><tr><th>mailto:datalist<a href="mailto:datalist"</th><th>Specifies a list of pre-defined options for input controls</th></tr><tr><th><output></th><th>Defines the result of a calculation</th></tr></tbody></table></textarea>	

Program

1) Index.html

<!DOCTYPE html>

<html>

<head>

<title>Web Technology Experiment-2</title>

```
</head>
<style>
.header{
background:rgb(12, 240, 244);
text-align: center;
font-size: 30px;
font-weight:bold;
height: 50px;
width:100%;
padding: 25px;
body{
background-image:url("background.jpg");
background-size: cover;
background-position: center;
.menu-bar\{
background: hsl(0, 8%, 79%);
text-align: center;
width: 100%;
.menu-bar ul{
display: inline-flex;
list-style: none;
color:black;
.menu-bar ul li{
  width: 220px;
  padding: 5px;
.menu-bar ul li a{
  text-decoration: none;
  color: black;
  font-weight: bold;
.menu-bar ul li:hover
background: rgba(236, 215, 27, 0.589);
border-radius:4px;
.footer
text-align: center;
```

```
padding: 30px;
background-color:black;
color: rgb(255, 255, 255);
height: 130px;
div h2{
  color: white;
div label{
  color: white;
</style>
<body>
<div class="header"><img src="download.png" width="50px"</pre>
height="50px">  CAKE WORLD</div>
<div class="menu-bar">
\langle ul \rangle
<a href="#">Home</a>
<a href="#">About</a>
<a href="#">Clients</a>
<a href="#">Training</a>
<a href="#">Contact</a>
</div>
<video style="margin-left:44%;margin-top:2%" width="720" height="440"
controls>
<source src="cake.mp4" type="video/mp4">
</video>
<div style="margin-left: 10%;margin-top:-20%;">
<h2>Sign up</h2>
<label for="name">USERNAME&nbsp;&nbsp;</label><input type="name" name="name"</pre>
placeholder="Username"><br><br>
<label for="pd">PASSWORD&nbsp;&nbsp;</label><input type="password" name="pd"</pre>
placeholder="password"><br><br>
<button class="btnn"><a href="ex2(form).html" target="_blank">Register</a></button>
<audio style="margin-left: 69%;margin-top:10%" controls>
  <source src="sound.ogg" type="audio/ogg">
  </audio>
<br>
  <br>
```

<form style="text-align: justify;">

Our adventure started with one humble shop in Chennai, tamilnadu.

SThen,developed to more than one thousand areas all through the tamilnadu under the moving vision of our owner.

From that point forward, our family has joined their long periods of involvement with the vision of a network of

scooperative shop proprietors, providers, and different accomplices cooperating to make a brand name in the market to

develop their business to what it is today.

So as to accomplish this, the family offers establishments to growing business visionaries and merchants joining $\langle br \rangle$ forces with them to guarantee achievement and perfection. We bake happiness for you in the face of cake. Let us deliver sweetness in your lives $\langle br \rangle$

```
<footer class="footer">
<2Sai Swaroop Apartments, Valluvar Salai, <br/>br> Azhakapuri Nagar, Ramapuram,
Chennai, <br/>
Tamil Nadu-600089
EMAIL:  <a href="mailto:dhanushkn20@karunya.edu.in" style="text-decoration:
none;">dhanushkb20@karunya.edu.in</a><br>
PHONE:     <a href="tel:9025321821" style="text-decoration:">text-decoration:</a>
none:">9025321821</a>
<iframe</pre>
src="https://www.google.com/maps/embed?pb=!1m18!1m12!1m3!1d248818.67579019564!2d7
9.94292063281249!3d12.9851637!2m3!1f0!2f0!3f0!3m2!1i1024!2i768!4f13.1!3m3!1m2!1s0x3
a5261712f5259c9%3A0x6773fa31b259ade6!2sThe%20Cake%20World!5e0!3m2!1sen!2sin!4v1
671212472202!5m2!1sen!2sin" width="250" height="130" style="border:0;" allowfullscreen=""
loading="lazy" referrerpolicy="no-referrer-when-downgrade"></iframe>
</footer>
</body>
</html>
Form.html
<!DOCTYPE html>
<head>
<title>Document</title>
</head>
<body style="background-color: agua;">
<h1 align="center">Resume Form</h1>
```

```
<fieldset>
<legend align="center">Personal details</legend>
<label for="fname">First Name:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>
<input type="text"id="fname" required>
<label for="mname">Middle Name:&nbsp;&nbsp;</label>
<input type="text"id="mname" required>
<label for="Iname">Last Name:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>
<input type="text"id="lname" required>
<label for="dob">Date of Birth:&nbsp;&nbsp;</label>
<input type="date"id="dob" required>
<label for="age">Age in Years:&nbsp;&nbsp;</label>
<input type="number"id="age"placeholder="" required>
Gender:<input type="radio"id="male"name="gender">
<label for="male">Male</label>
<input type="radio"id="female"name="gender" required>
<label for="female">Female</label></fieldset>
<fieldset>
<legend align="center">Address details</legend>
```

```
<address align="center">
<label for="Address">Address:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&
<input type="Address"id="message" required></address>
<label for="city">City/Town:&nbsp;&nbsp;&nbsp;&nbsp;</label>
<input type="text"id="city" required>
<label
for="state">State:          
 </label>
<input type="text"id="state" required>
<label for="Zip code">Date of Birth:</label>
<input type="number"id="Zip code" required>
</fieldset>
<fieldset>
<legend align="Center">Contact information</legend>
<label for="Telephone">Telephone:</label>
<input type="tel"id="Phone" required>
<label for="Phone">Mobile:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>
<input type="tel"id="phone" required>
<label for="Email">Email:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>
```

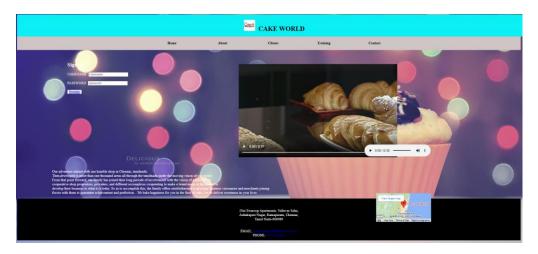
```
<input type="email"id="email" required>
<label for="website">website:&nbsp;&nbsp;&nbsp;&nbsp;</label>
<input type="url"id="website" required></fieldset>
<fieldset>
<legend align="center">Educational Details</legend>
Qualification
Board/University
Country
Starting Years
Ending Year
Percentage
<input type="checkbox">10th
<input type="text"placeholder="Borad/University" required>
<select name="country"id="country">
<option value="choose">Choose</option>
<option value="India">India
<option value="England">England</option>
<option value="South Africa">South Africa
<option value="Australia">Australia
```

```
</select>
<input type="number"placeholder="in %" required>
<input type="checkbox">12th
<input
type="text"placeholder="Borad/University">
<select name="country"id="country">
<option value="choose">Choose</option>
<option value="India">India
<option value="England">England</option>
<option value="South Africa">South Africa
<option value="Australia">Australia</select>
<input type="date">
<input type="date">
<input
type="number"placeholder="in %">
</fieldset>
<fieldset>
```

```
Attach your Resume in .doc or .pdf format:<input</pre>
type="file"name="resume">
<input type="checkbox">I fill all the
details</fieldset>
<input type="submit"name="send details" required>
</form>
</body>
</html>
```

Output Screenshots

1) Index.html



2) Form.html

Resume Form	
Personal details—	_
First Name:	
Middle Name:	
Last Name:	
Date of Birth: dd-mm-yyyy 🖽	
Age in Years:	
Gender: ○ Male ○ Female	
- Address details	_
Address:	
City/Town:	
State:	
Date of Birth:	
-Contact information-	=
Telephone:	
Mobile:	
Email:	
website:	
Educational Details	_
Qualification Board/University Country Starting Years Ending Year Percentage	
□10th Borad/University Choose v dd-mm-yyyy 🖶 in %	
□ 12th Borad/University Choose ✓ dd-mm-yyyy 🖶 dd-mm-yyyy 🖶 in %	

Attach your Resume in .doc or .pdf format: Choose File No file chosen

 \Box I fill all the details

Result

The website is built with HTML successfully.