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Assignment-1

Create one form with Input and apply css for that

```
Code:
<!DOCTYPE html>
<html>
<head>
 <style>
  /* CSS styling for the form */
  body {
   font-family: Arial, sans-serif;
   background-color: #f4f4f4;
  }
  .container {
   max-width: 400px;
   margin: 0 auto;
   padding: 20px;
   background-color: #fff;
   border-radius: 5px;
   box-shadow: 0 2px 5px rgba(0, 0, 0, 0.1);
  }
  .form-group {
   margin-bottom: 20px;
  }
  label {
   display: block;
   margin-bottom: 5px;
   font-weight: bold;
   color: #555;
  }
  input[type="text"],
  input[type="email"],
  textarea {
   width: 100%;
   padding: 10px;
   font-size: 16px;
   border-radius: 3px;
   border: 1px solid #ccc;
   background-color: #f8f8f8;
   color: #333;
  }
```

```
input[type="text"]:focus,
  input[type="email"]:focus,
  textarea:focus {
   outline: none;
   border-color: #6ab4ff;
   box-shadow: 0 0 5px #6ab4ff;
  }
  input[type="submit"] {
   background-color: #4CAF50;
   color: #fff;
   padding: 10px 20px;
   font-size: 16px;
   border: none;
   border-radius: 3px;
   cursor: pointer;
   transition: background-color 0.3s ease;
  input[type="submit"]:hover {
   background-color: #45a049;
</style>
</head>
<body>
 <div class="container">
  <h2>Contact Form</h2>
  <form>
   <div class="form-group">
    <label for="name">Name:</label>
    <input type="text" id="name" name="name" required>
   </div>
   <div class="form-group">
    <label for="email">Email:</label>
    <input type="email" id="email" name="email" required>
   </div>
   <div class="form-group">
    <label for="phone">Phone:</label>
    <input type="tel" id="phone" name="phone">
   </div>
   <div class="form-group">
    <label for="subject">Subject:</label>
    <input type="text" id="subject" name="subject">
   </div>
   <div class="form-group">
    <label for="message">Message:</label>
    <textarea id="message" name="message" rows="4" required></textarea>
   <input type="submit" value="Submit">
  </form>
 </div>
```

</body> </html>

Output:

Contact Form	
Name:	
Email:	
Phone:	
Subject:	
oubject.	
Message:	
Submit	<u> </u>

Name:		
Deepe	sh	
Email:		
deepe	hvamsi.20bci7119@vitap.ac	e.in
Phone: 93811566 Subject Assign	ment 1	
Messag	e:	
OK		