

SMARTBRIDGE EXTERNSHIP Modern Application Development (Java Spring Boot)

Assignment-1

Form.Html :

```
<!DOCTYPE html>

<html>

<head>

  <link rel="stylesheet" href="styles.css">

</head>

<body>

  <h1>Assignment - 1</h1>

  <h2>Forms</h2>

  <div class="form-container">

    <form>

      <div class="form-group">

        <label for="name">Name:</label>

        <input type="text" id="name" name="name" placeholder="Enter your name">

      </div>

      <div class="form-group">

        <label for="email">Email:</label>

        <input type="email" id="email" name="email" placeholder="Enter your email">

      </div>

      <div class="form-group">

        <label for="gender">Gender:</label>

        <select id="gender" name="gender">

          <option value="male">Male</option>

          <option value="female">Female</option>

          <option value="other">Other</option>

        </select>

      </div>

      <div class="form-group">
```

```
<label for="message">Message:</label>

<textarea id="message" name="message" placeholder="Enter your message"></textarea>

</div>

<div class="form-group">

  <label for="birthdate">Birthdate:</label>

  <input type="date" id="birthdate" name="birthdate">

</div>

<div class="form-group">

  <label for="website">Website:</label>

  <input type="url" id="website" name="website" placeholder="Enter your website URL">

</div>

<div class="form-group">

  <label for="file">Upload File:</label>

  <input type="file" id="file" name="file">

</div>

<div class="form-group">

  <label for="phone">Phone:</label>

  <input type="tel" id="phone" name="phone" placeholder="Enter your phone number">

</div>

<div class="form-group">

  <label for="address">Address:</label>

  <input type="text" id="address" name="address" placeholder="Enter your address">

</div>

<div class="form-group">

  <label for="interests">Interests:</label>

  <input type="text" id="interests" name="interests" placeholder="Enter your interests">

</div>

<div class="form-group">

  <input type="submit" value="Submit">

</div>

</form>
```

```
<p>Submitted by: Gudivada Ram Nikhil</p>
</div>
</body>
</html>
```

Styles.css :

```
/* CSS styles for the form */
```

```
body {
    background-color: #f5f5f5;
    font-family: Arial, sans-serif;
}
```

```
h1, h2 {
    text-align: center;
    font-weight: bold;
    color: #333;
}
```

```
.form-container {
    width: 400px;
    margin: 0 auto;
    background-color: #ffffff;
    border-radius: 5px;
    box-shadow: 0 2px 5px rgba(0, 0, 0, 0.1);
    padding: 20px;
}
```

```
.form-group {
    margin-bottom: 15px;
}
```

```
.form-group label {  
  display: block;  
  margin-bottom: 5px;  
  font-weight: bold;  
  color: #555;  
}
```

```
.form-group input[type="text"],  
.form-group input[type="email"],  
.form-group input[type="url"],  
.form-group input[type="tel"],  
.form-group textarea,  
.form-group select {  
  width: 100%;  
  padding: 10px;  
  border: 1px solid #ccc;  
  border-radius: 4px;  
  font-size: 14px;  
  background-color: #f9f9f9;  
  color: #333;  
}
```

```
.form-group input[type="text"]:focus,  
.form-group input[type="email"]:focus,  
.form-group input[type="url"]:focus,  
.form-group input[type="tel"]:focus,  
.form-group textarea:focus,  
.form-group select:focus {  
  outline: none;  
  border-color: #007bff;  
}
```

```
.form-group input[type="submit"] {  
  width: 100%;  
  background-color: #007bff;  
  color: #fff;  
  border: none;  
  border-radius: 4px;  
  padding: 10px;  
  font-size: 14px;  
  cursor: pointer;  
}
```

```
.form-group input[type="submit"]:hover {  
  background-color: #0069d9;  
}
```

```
p {  
  text-align: center;  
  font-weight: bold;  
  color: #777;  
  margin-top: 20px;  
}
```

Output :

The screenshot shows a web browser window with the following details:

- Browser Tabs:** SMARTBRIDGE EXTENS... HP Mode... x, Form.html x, +
- Address Bar:** File | D:/Placements/SmartBridge%20-MAD-java%20spring%20boot/Assignment - 1/Form.html
- Page Title:** Assignment - 1
- Section Header:** Forms
- Form Fields:**
 - Name:** Enter your name
 - Email:** Enter your email
 - Gender:** Male (dropdown menu)
 - Message:** Enter your message
 - Birthdate:** dd-mm-yyyy (calendar icon)
 - Website:** Enter your website URL
 - Upload File:** Choose File No file chosen
 - Phone:** Enter your phone number
 - Address:** Enter your address
 - Interests:** Enter your interests
- Submit Button:** Submit
- Submitted by:** Gudivada Ram Nikhil