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Course : MCA
Semester : 1st
Paper Name : Scripting Language
Paper Code :- TMC 106

Q1. Create an employee registration form.

```
<html>
<head>
    <title> Log in Form </title>
</head>
<style>
    .registration {
        border : 3px solid black;
        border-radius : 10px;
        width :- 25% ;
        height : 250px;
        margin : 250 px auto ;
        text-align : center ;
    }
    .element {
        margin : 10 px;
        padding : 5px 10 px;
    }
    h3 {
        text-align : center ;
        font-size : 30px ;
    }
</style>
```

```
<body>
    <div class="registration">
        <h3> Employee Login form </h3>
        <form>
            <div class="element">
                <label for="userid"> User Id: </label>
                <input type="text" id="userid">
            </div>
            <div class="element">
                <label for="pass">Password: </label>
                <input type="Password" id="pass">
            </div>
            <div class="element">
                <a href="employeeinfo.html">
                    <input type="button" value="LOGIN">
                </a>
            </div>
        </form>
    </div>
</body>
</html>
```

```
<Html>
<head>
<title> Employee Information </title>
</head>
<style>
  .info {
      border : 2px solid black ;
      border-radius : 10px ;
      width : 25% ;
      height : 600 px ;
      margin : 150px auto ;
      text-align : center ;
  }
  .element {
      margin : 10px 10px ;
      padding : 5px 10 px ;
  }
  h3 {
      text-decoration : underline ;
  }
</style>
```

```
<body>
    <div class="info">
        <h3> Employee Information </h3>
        <form>
            <div class="element">
                <label for="name"> Name: </label>
                <input type="text" id="name">
            </div>
            <div class="element">
                <label for="id"> Employee Id: </label>
                <input type="text" id="id">
            </div>
            <div class="element">
                <label for="phone"> Phone No.: </label>
                <input type="tel" id="phone">
            </div>
        <div class="element">
<lable for="gender> Gender: </label>
        ~~</label~~
        <input type="radio" id="male" name="gender"
                                value="male">

        <label for="male"> Male </label>
        <input type="radio" id="female" name="gender"
                                value="female">
        <lable for="female"> Female </lable>
        <input type="button" id="others" name="gender"
                                value="others">
        <label for="others"> Others </lable>
        </div>
```

```
        <div class = "element">
            <label for="dob">Date of Birth:</label>
            <input type="date" id="dob">
        </div>
        <div class ="element">
            <label for="docs">Upload Documents:</label>
            <input type="file" id="docs">
        </div>
        <div class = "element">
            <input type="submit">
        </div>
    </form>
  </div>
 </body>
</html>
```