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<doctype HTML>

<html lang="en">

<head>

<title> Document </title>

<style>

a: visited {

background-color:

blanchedalmond;

color: chartreuse;

}

a: hover {

color: darkblue;

}

a: active {

font: italic;

}

a: link {

font-family: Gill Sans, Gill Sans MT,

Calibri, 'Traubacher MS' Sans-serif;

</style>

</head>

<body>

<h1> COURSES </h1>

 MCA

<HTML>

<HEAD>

<TITLE> form </TITLE>

</HEAD>

<Body>

< form>

<label> Name </label>

<input type = "text">

<label> employee : ID </label>

<input type = "number">

<label> Phone Number </label>

<input type = "Phone">

<label> Gender </label>

<input type = "radio name = "gender value : male">

<input type = "radio name = gender" value : "female">

<label> DOB </label>

<input type = "date" name = "dob">

<label> Upload files </label>

<input type = "file">

Yogesh Negi
21561024

Section 'C'

Datatype HTML

<HTML>

<body>

<center> <h1> login form </h1> </center>

<form action = "email" method = "post">

<label> username </label>

<input type = "text" placeholder = "enter username" name = "username">

<label> Password </label>

<input type = "password" placeholder = "Enter Password" name = "password">

<button type = "submit" value = "login" />

</form>

</body>

</html>