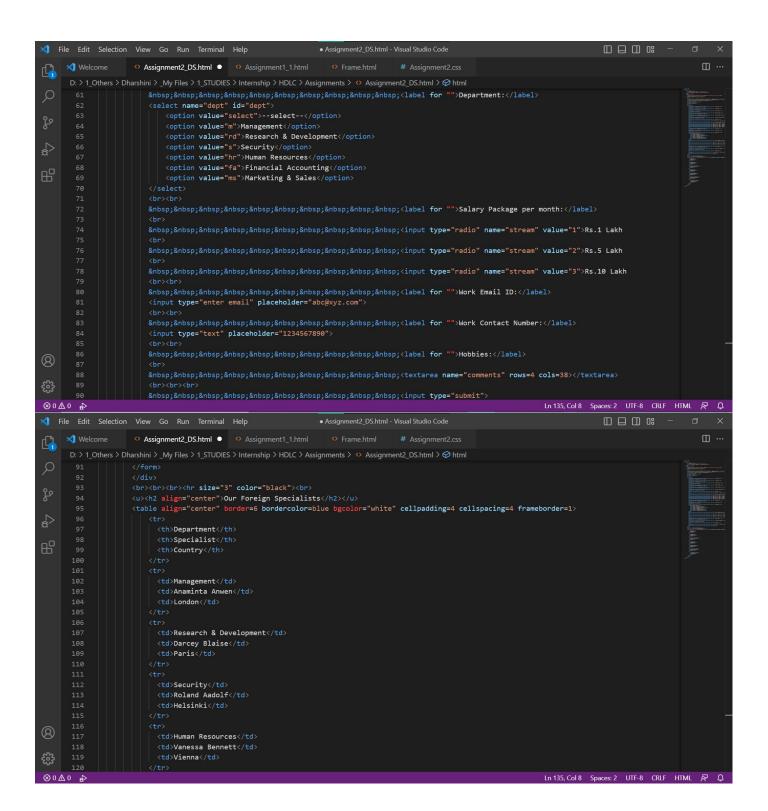
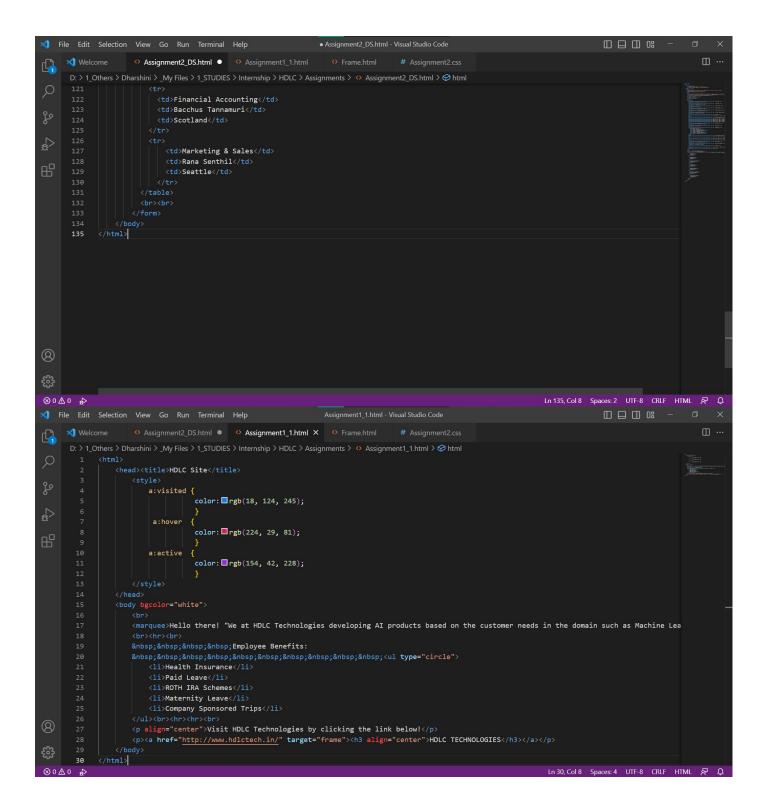
CODING:

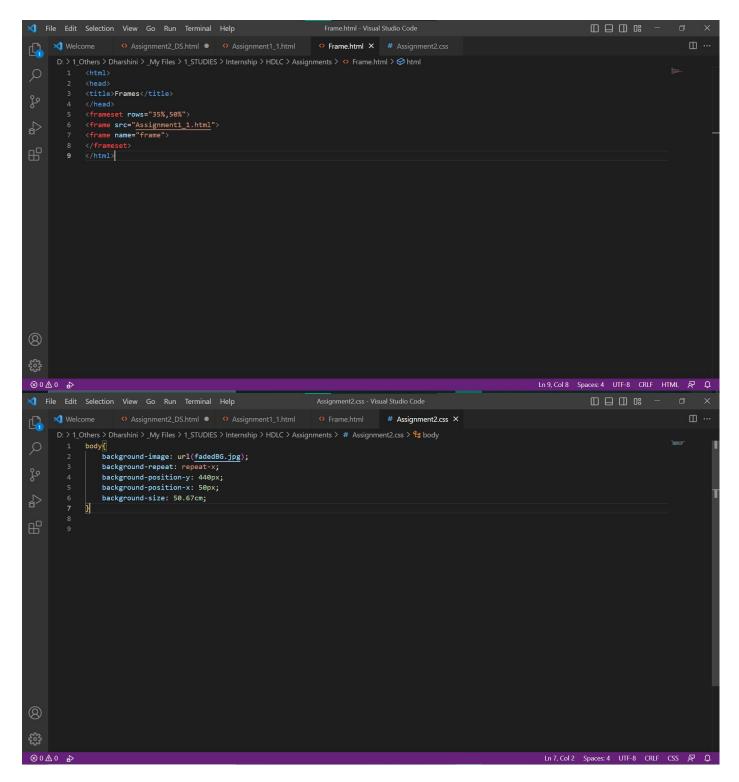
```
◆ Assignment2_DS.html × ◆ Assignment1_1.html
Q
                                                           <title>HDLC_EF</title>
                                                             k rel="stylesheet" type="text/css" href="Assignment2.css"
                                                  <body bgcolor="#ADD8E6">
                                                           <img src="HDLC Tech.png" alt="HDLC TECH LOGO" style="position: absolute; top: 190px; left:505px;"
height="180" width="250" border="2" align="center">
     <figcaption>HDLC TECH LOGO</figcaption>-->
                                                            <iframe src="Frame.html" height="1064" width="589" style="position: absolute; top: 441px; left: 670px;" title="Iframe Example"></iframe June 1064" width="589" style="position: absolute; top: 441px; left: 670px;" title="Iframe Example"></iframe Example</pre>
                                                            <a href="Assignment1.html"><font color="blue"><h1 align="center"><b>EMPLOYEE FORM</b></h1></font></a>
<em>Please fill out the following details!</em>
                                                                      <label for "">First Name:</label>
                                                                         <input type="text" placeholder="enter firstname"</pre>
                                                                        \label for "">Last Name: </ label> for "">Last Name:  </r> </r>
                                                                         <input type="text" placeholder="enter lastname"</pre>
                                                                                                                                                                                                                                                                                                                                                             Ln 135, Col 8 Spaces: 2 UTF-8 CRLF HTML
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    Assignment2_DS.html - Visual Studio Code

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                                                              D: > 1_Others > Dharshini > _My Files > 1_STUDIES > Internship > HDLC > Assignments > . Assignment2_DS.html > . html
                                                                                 <ahbel for "">Date Of Birth:</label>
                                                                         <input type="date" id="birthday">
                                                                                 
input type="password" placeholder="enter aadhar">
                                                                         \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \&nbs
                                                                        <input type="enter email" placeholder="abc@xyz.com"</pre>
                                                                         \label for ""> Personal Contact Number: </label for ""> Personal Contact Number: 
                                                                         <input type="text" placeholder="1234567890"</pre>
                                                                                   
                                                                                  
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                                                                                   <input type="checkbox" name="1" value="A1">Allergies<br>
                                                                                  <input type="checkbox" name="2" value="D">Diabetes<br/>but type="2" name="2" value="2" value="2" name="2" name="2" value="2" name="2" nam
                                                                                     <input type="checkbox" name="3" value="1">Visual/Hearing Impairment
                                                                                   <input type="checkbox" name="4" value="A2">Asthma<br/>br:
                                                                                  <nput type="checkbox" name="5" value="C">Cancer<br/>br:
                                                                                  (label for "">Employee ID:</label>
<input type="password" placeholder="enter empID">
                                                                         <input type="date" id="startdate"</pre>
                                                                                                                                                                                                                                                                                                                                                            Ln 135, Col 8 Spaces: 2 UTF-8 CRLF HTML № Q
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OUTPUT:

