

NANDHA COLLEGE OF TECHNOLOGY

ERODE- 638 052



DEPARTMENT OF INFORMATION TECHNOLOGY

IT3401– WEB ESSENTIALS
(Regulations 2021)

FOURTH SEMESTER
(ACADEMIC YEAR 2022-23)

ASSIGNMENT / CASE STUDY REPORT – I

HTML & CSS PROGRAMS

REGISTER NUMBER	732121205016
NAME OF THE STUDENT	C.K.DHARUN
SUBMITTED ON	
MARKS OBTAINED	
STAFF SIGN WITH DATE	

A GOOGLE WEBPAGE CLONE

HTML CODE:

```
<!DOCTYPE html>
<html>
  <head>
    <title>My Google</title>
    <link href="style1.css" type="text/css" rel="stylesheet">
  </head>
  <body>

    <div class="main">
      <div class="google-logo">
        
      </div>
      <div class="buttons">
        <button>Google Search</button>
        <button>I'm Feeling Lucky</button>
      </div>

      <div class="search-bar-outer">
        <input type="text" >
      </div>

      <div class="SignInButton">
        <button>Sign In</button>
      </div>

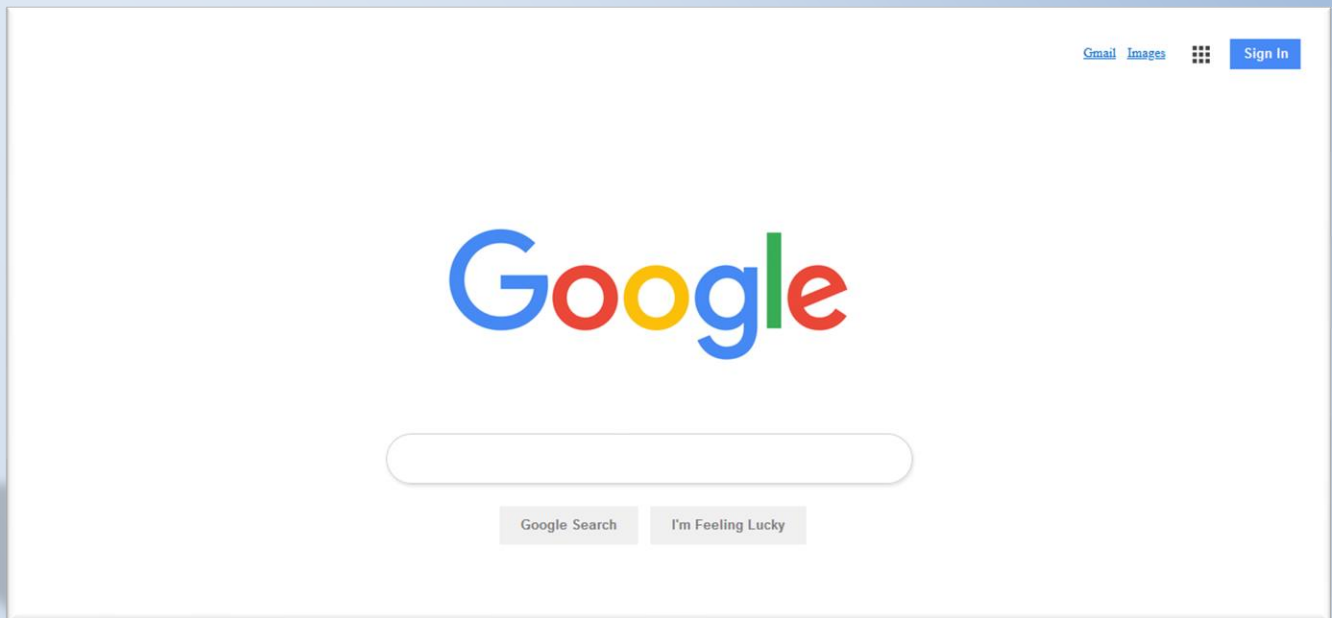
      <div class="app-logo">
        
      </div>

      <ul class="img-gm">
        <li> <a href="https://www.google.com/gmail/about/#" class="c">Gmail</a> </li>
        <li> <a href="https://www.google.co.in/imghp?hl=en&tab=wi&ogbl" class="c">Images</a>
      </li>
      </ul>
    </div>
  </body>
</html>
```

CSS CODE:

```
*  
  
.main {  
    position: absolute;  
    top : 0;  
    width : 100%;  
    height: 50%;  
}  
  
.google-logo {  
    margin-top: 10em;  
    text-align: center;  
    margin-bottom: 5em;  
}  
  
.google-logo img {  
    width: 50%;  
    height: auto;  
}  
  
.search-bar-outer{  
    position: relative;  
    text-align: center;  
    bottom: 150px;  
}  
  
.search-bar-outer input{  
    height: 50px;  
    width: 520px;  
    border-radius: 25px;  
    padding: 20px;  
    border: 1px solid #ccc;  
    box-shadow: 1px 2px 3px #ddd;  
}
```

OUTPUT:



CREATE A GOOGLE FORM

HTML CODE:

```
<!DOCTYPE html>
<html>
<body bgcolor="lightblue"></body><br><br>
<head class = "h1"> STUDENT GOOGLE FORM </head>
  <title >Student Form</title>
  <link href="style2.css" type="text/css" rel="stylesheet">
</form>
<table>
  <tr>
    <td><b>Name:</td><td><input type = "text"></b></td> </tr>
  <tr>
    <td><b>Reg .NO:</td><td><input type = "text"></td></b></tr>
  <tr>
    <td><b>Date oF Birth:<form action= ""></td><td><input type = "date" name =
"D.O.B"></td></b> </tr>
  <tr>
    <td><b>E-Mail id:</td><td><input type = "text"></b></td></tr>
  <tr><td>
    <b>Gender:</b>
```

```

        <td><input type="radio" id="male" name="gender" value="male">
        <label for="male">Male</label>
        <input type="radio" id="female" name="gender" value="female">
        <label for="female">Female</label></td><br><br>
    </td></tr>
    <tr>
        <td><b>Address:</b></td><td><textarea cols = ""></textarea></td></b></tr>
    <tr>
        <td><b>Father's Name:</b></td><td><input type = "text"></td></b></tr>
    <tr>
        <td><b>Father's Occupation:</b></td><td><input type = "text"></td></b></tr>
    <tr>
        <td><b>Mother's Name:</b></td><td><input type = "text"></td></b></tr>
    <tr>
        <td><b>Mother's Occupation:</b></td><td><input type = "text"></td></b></tr>
    <tr>
        <td><b>Dept:</b></td>
        <td><select id="Department" name="Department">
            <option value="Information technology">IT</option>
            <option value="Computer Science Engineering">CSE</option>
            <option value="EEE">EEE</option>
            <option value="ECE">ECE</option>
            <option value="Civil Engineering">Civil</option>
            <option value="Mech">MECH</option></select></td></tr>
    <tr> <td> <b>Degree:</b></td><td>
        <input type = "checkbox" select id="degree" name="Degree">
        <option value="BE">B.E</option>
        <input type = "checkbox" select id="degree" name="Degree">
        <option value="BTECH">B.TECH</option></td>
    <tr>
        <td><b>Mobile No: </b></td><td><input type = "text"></td></b></tr>
    <tr>
        <td><b>10TH Mark:</b></td><td><input type = "text"></td></b> </tr>
    <tr>
        <td><b>12TH Mark:</b></td><td><input type = "text"></td></b></tr>
    <tr>
        <td> <input type="submit" value="Submit">
        <input type="reset" value="Reset"></td></tr>
</table>
</form>
</body>
</html>

```

OUTPUT:

Reg .NO:

Date oF Birth:

E-Mail id:

Gender:

Address:

Father's Name:

Father's Occupation:

Mother's Name:

Mother's Occupation:

Dept:

<

March 2023

>

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Name:

Reg .NO:

Date oF Birth:

E-Mail id:

Gender: ☐ Male ☐ Female

Address:

Father's Name:

Father's Occupation:

Mother's Name:

Mother's Occupation:

Dept:

Degree: ☒ B.E ☒ B.TECH

Mobile No:

STUDENT GOOGLE FORM

Name:

Reg .NO:

Date oF Birth:

E-Mail id:

Gender: ☐ Male ☐ Female

Address:

Father's Name:

Father's Occupation:

Mother's Name:

Mother's Occupation:

Dept:

Degree: ☒ B.E ☒ B.TECH

Mobile No:

10TH Mark:

12TH Mark:

3.WEBPAGE WITH BACKGROUND IMAGE , PADDING & FONT PROPERTY

HTML CODE:

