LAB REPORT

Submitted By-

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Section: B

Course Code: CSE 418

Submitted to-

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Form.php CODE:

```html
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <meta http-equiv="X-UA-Compatible" content="ie=edge">
    <link rel="stylesheet"
href="https://maxcdn.bootstrapcdn.com/bootstrap/4.0.0/css/bootstrap.min.css"
integrity="sha384-
Gn5384xqQ1aoWXA+058RXPxPg6fy4IWvTNh0E263XmFcJlSAwiGgFAW/dAiS6JXm"
crossorigin="anonymous">
    <style>        .b {
border:thin #4F9FD6 solid;
padding: 8%;
        }
    </style>
    <title>Form</title>
</head>
<body>
    <div class="container w-50 p-3">

        <form class="b" action="welcome.php" method="post">
            <div class="text-center">
                <h2> <u>Form</u> </h2>
            </div>
            <br>
            <div class="form-group row">
                <label for="name" class="col-sm-2 col-form-label">Name</label>
                <div class="col-sm-10">
                    <input type="text" class="form-control form-control-sm"
id="name" placeholder="Your Name" name="name">
                </div>
            </div>
            <div class="form-group row">
                <label for="email" class="col-sm-2 col-form-label">Email</label>
                <div class="col-sm-10">
                <input type="email" class="form-control form-control-sm"
id="email" placeholder="email@example.com" name="email">
                </div>
            </div>
            <div class="form-group row">
                <label for="inputPassword" class="col-sm-2 col-
formlabel">Password</label>
```

```html
                <div class="col-sm-10">
                <input type="password" class="form-control form-control-sm"
id="inputPassword" placeholder="Password" >
                </div>
            </div>
            <div class="form-group row">
                <label for="website" class="col-sm-2 col-
formlabel">Website</label>
                <div class="col-sm-10">
                <input type="text" class="form-control form-control-sm"
id="website" placeholder="Website" name="website">
                </div>
            </div>

            <div class="form-group row">
                <label for="exampleFormControlTextarea1" class="col-sm-2
colform-label">Comment</label>
                <div class="col-sm-10">
                <textarea class="form-control" id="exampleFormControlTextarea1"
rows="3" placeholder="Leave your comment here . . ."></textarea>
                </div>
            </div>
            <div class="form-group row">
                <label for="gender" class="col-sm-2 col-
formlabel">Gender</label>
                <div class="col-sm-10">
                    <div class="form-check form-check-inline">
                        <input class="form-check-input" type="radio" name="male"
id="male" value="Male">
                        <label class="form-check-label" for="male">Male</label>
                    </div>
                    <div class="form-check form-check-inline">
<input class="form-check-input" type="radio" name="female"
id="female" value="Female">
                        <label class="form-check-label"
for="female">Female</label>
                    </div>
                </div>
            </div>

            <div class="text-center">
                <button type="submit" class="btn btn-primary">Submit</button>
            </div>
```

```
            </form>

        </div>


</body>
</html>
```

Form.php CODE:

```php
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <meta http-equiv="X-UA-Compatible" content="ie=edge">
    <title>Document</title>
</head>
<body>
    <pre>
<?php
    print_r($_POST);
    ?>
    </pre>
</body>
</html>
```

OUTPUT:

From this page

you registered successfully

OK

Form

Name	dyuti
Email	dyuti987@gmail.com
Password	.....
Confirm Password	.....
Gender	○ Male ● Female

Submit