

#### **LAB REPORT**

### **Submitted By-**

Dyuti Islam

ID: 151-15-5435

Section: B

Course Code: CSE 418

#### **Submitted to-**

Mr. Anup Majumder Lecturer, Department of CSE

## Form.php CODE:

```
<!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"</pre>
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"</pre>
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"</pre>
id="email" placeholder="email@example.com" name="email">
                </div>
            </div>
            <div class="form-group row">
                <label for="inputPassword" class="col-sm-2 col-</pre>
formlabel">Password</label>
```

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

### **OUTPUT:**

r, ...... Jnity Blog - A glimps 📙 Mail 10 Motivational Quot From this page you registered successfully <u>ı ullı</u> dyuti Name dyuti987@gmail.com Email Password ••••• Confirm ••••• Password Gender Submit