

```

1 <!DOCTYPE html>
2 <html lang="en">
3 <head>
4 <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
5 <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
6 <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
7 <meta charset="UTF-8">
8 <meta name="viewport" content="width=device-width, initial-scale=1.0">
9 <title>Pizza Order Form</title>
10 <style>
11   body {
12     min-height: 100vh;
13     background: url('pizza.jpg') no-repeat top center,
14                 url('bg.jpg') no-repeat center center fixed;
15     background-size: 150px, cover;
16     color: #fff;
17   }
18   .step { display: none; }
19   .step.active { display: block; }
20   .card-img-top { height: 150px; object-fit: cover; }
21   .overlay {
22     background-color: rgba(0,0,0,0.6);
23     padding: 30px;
24     border-radius: 8px;
25     margin-top: 180px;
26   }
27   h2.pizzatitle {
28     text-align: center;
29     font-weight: bold;
30     font-size: 32px;
31     color: #ffc107;
32     margin-top: 160px;
33     text-shadow: 2px 2px #000;
34   }
35   .form-check-input {
36     margin-right: 6px;
37   }
38   .form-radio-group {
39     display: flex;
40     gap: 20px;
41     flex-wrap: wrap;
42   }
43   .form-radio-group .form-check {
44     margin-bottom: 0.5rem;
45   }
46   .accordion-item {
47     background-color: transparent !important;
48     border: none !important;
49   }
50   .accordion-button {
51     background-color: rgba(255, 255, 255, 0.1);
52     color: #fff;
53     font-weight: bold;
54   }

```

```

55 .accordion-button:not(.collapsed) {
56   background-color: rgba(255, 255, 255, 0.2);
57   color: #ffc107;
58 }
59 .accordion-body {
60   background-color: transparent;
61   color: #fff;
62 }
63 </style>
64 </head>
65 <body>
66   <h1 style="font-size:50px; font-family:Times New Roman; font-weight: bold; text-align: center; margin-bottom: 50px;">
67     🍕 PIZZA HUT ORDER FORM
68   </h1>
69   <div class="container overlay">
70     <h2 class="text-center mb-4">Order Your Meal 🍕</h2>
71
72     <!-- Step 1: Category and Items -->
73     <div id="step1" class="step active">
74       <h5>Select Your Items</h5>
75       <div class="accordion" id="menuAccordion"></div>
76       <div class="mt-3">
77         <label class="form-label">Veg / Non-Veg:</label>
78         <div class="form-radio-group">
79           <div class="form-check">
80             <input type="radio" name="vegtype" value="Veg" class="form-check-input" id="veg">
81             <label class="form-check-label" for="veg">Veg</label>
82           </div>
83           <div class="form-check">
84             <input type="radio" name="vegtype" value="Non-Veg" class="form-check-input" id="nonveg">
85             <label class="form-check-label" for="nonveg">Non-Veg</label>
86           </div>
87         </div>
88       </div>
89
90       <div class="mt-3">
91         <label class="form-label">Delivery Type:</label>
92         <div class="form-radio-group">
93           <div class="form-check">
94             <input type="radio" name="delivery" value="Home Delivery" class="form-check-input" id="homedelivery" checked onclick="showAddress(true)">
95             <label class="form-check-label" for="homedelivery">Home Delivery</label>
96           </div>
97           <div class="form-check">
98             <input type="radio" name="delivery" value="Dine-In" class="form-check-input" id="dinein" onclick="showAddress(false)">
99             <label class="form-check-label" for="dinein">Dine-In</label>
100           </div>
101         </div>
102       </div>
103
104       <button class="btn btn-primary mt-3" onclick="showStep(2)">Next</button>
105     </div>
106
107     <!-- Step 2: Address (If Delivery) -->
108     <div id="step2" class="step">

```

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109 </h5>Delivery Details</h5>
110 <div id="addressSection">
111   <input type="text" class="form-control mb-2" placeholder="Full Name" required>
112   <input type="tel" class="form-control mb-2" placeholder="Mobile Number" required>
113   <textarea class="form-control mb-2" placeholder="Delivery Address" required></textarea>
114 </div>
115 <button class="btn btn-secondary" onclick="showStep(1)">Back</button>
116 <button class="btn btn-primary ms-2" onclick="showStep(3)">Next</button>
117 </div>
118
119 <!-- Step 3: Payment -->
120 <div id="step3" class="step">
121   <h5>Payment Method</h5>
122   <div class="form-check">
123     <input type="radio" name="pay" value="Cash on Delivery" class="form-check-input" id="cod" checked> <label for="cod">Cash on Delivery</label>
124   </div>
125   <div class="form-check">
126     <input type="radio" name="pay" value="Credit Card" class="form-check-input" id="credit"> <label for="credit">Credit Card</label>
127   </div>
128   <div class="form-check">
129     <input type="radio" name="pay" value="Debit Card" class="form-check-input" id="debit"> <label for="debit">Debit Card</label>
130   </div>
131   <div class="form-check">
132     <input type="radio" name="pay" value="Net Banking" class="form-check-input" id="net"> <label for="net">Net Banking</label>
133   </div>
134   <div class="form-check">
135     <input type="radio" name="pay" value="UPI" class="form-check-input" id="upi"> <label for="upi">UPI (PhonePe / GPay)</label>
136   </div>
137   <button class="btn btn-secondary" onclick="showStep(2)">Back</button>
138   <button class="btn btn-success ms-2" onclick="finishOrder()">Place Order</button>
139 </div>
140
141 <!-- Confirmation -->
142 <div id="confirmation" class="step">
143   <h5 class="text-success">🎉 Order Placed Successfully!</h5>
144   <p>Thank you for ordering! Your meal is on the way.</p>
145 </div>
146 </div>
147
148 <script>
149 const menuData = {
150   Pizza: ["Margherita", "Farmhouse", "Peppy Paneer", "Mexican Green Wave", "Veg Extravaganza"],
151   Beverages: ["Coke", "Pepsi", "Sprite", "Fanta", "Cold Coffee"],
152   Desserts: ["Brownie", "Lava Cake", "Cheesecake", "Donut", "Mousse"],
153   Burger: ["Veggie Burger", "Cheese Burger", "Chicken Burger", "Paneer Burger", "Double Patty Burger"],
154   Sides: ["Garlic Bread", "Cheesy Sticks", "Potato Wedges", "Jalapeno Poppers", "Corn Pizza Pockets"]
155 };
156
157 function showStep(n) {
158   document.querySelectorAll('.step').forEach(s => s.classList.remove('active'));
159   document.getElementById('step' + n).classList.add('active');
160 }
161
162 function finishOrder() {

```

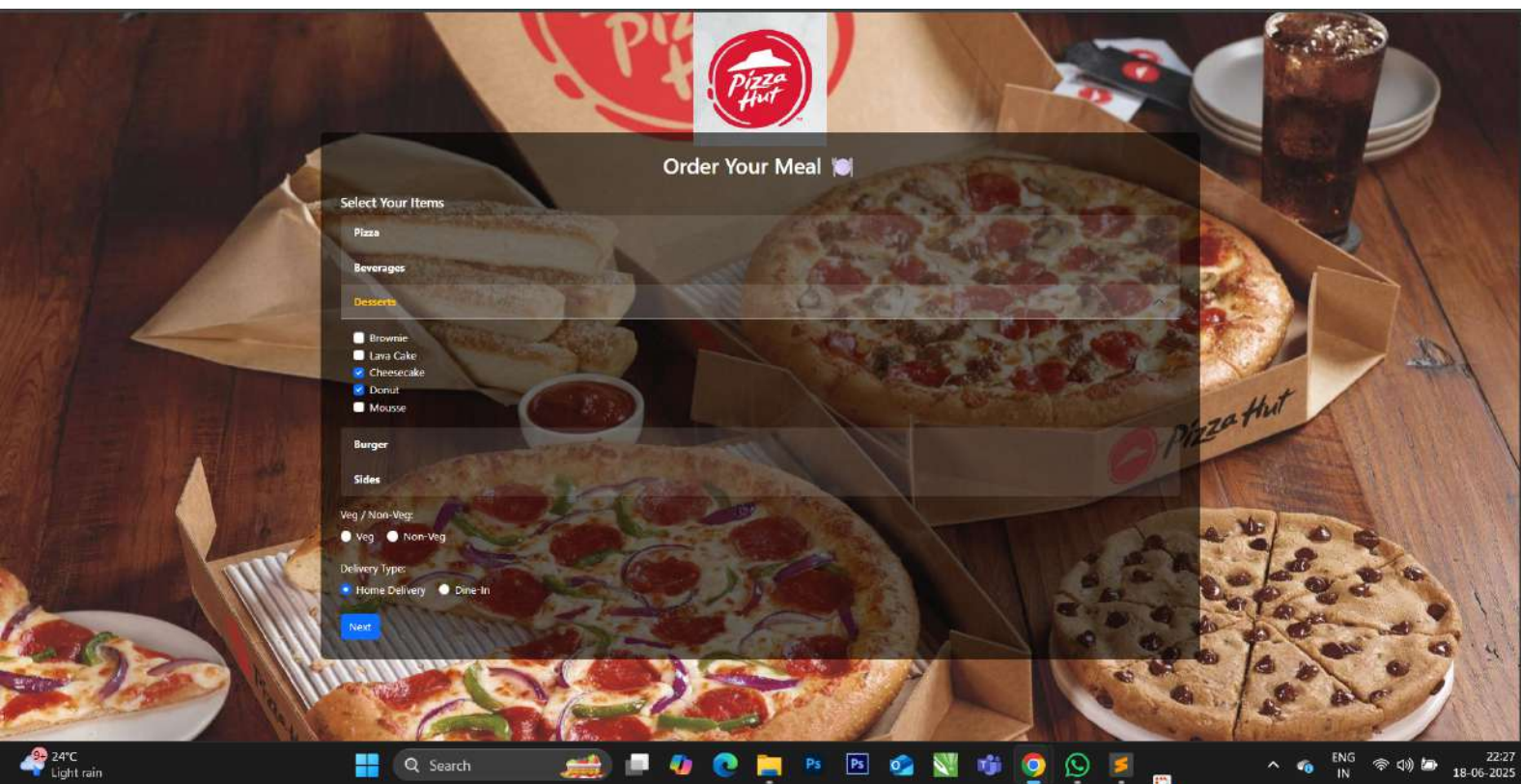
32



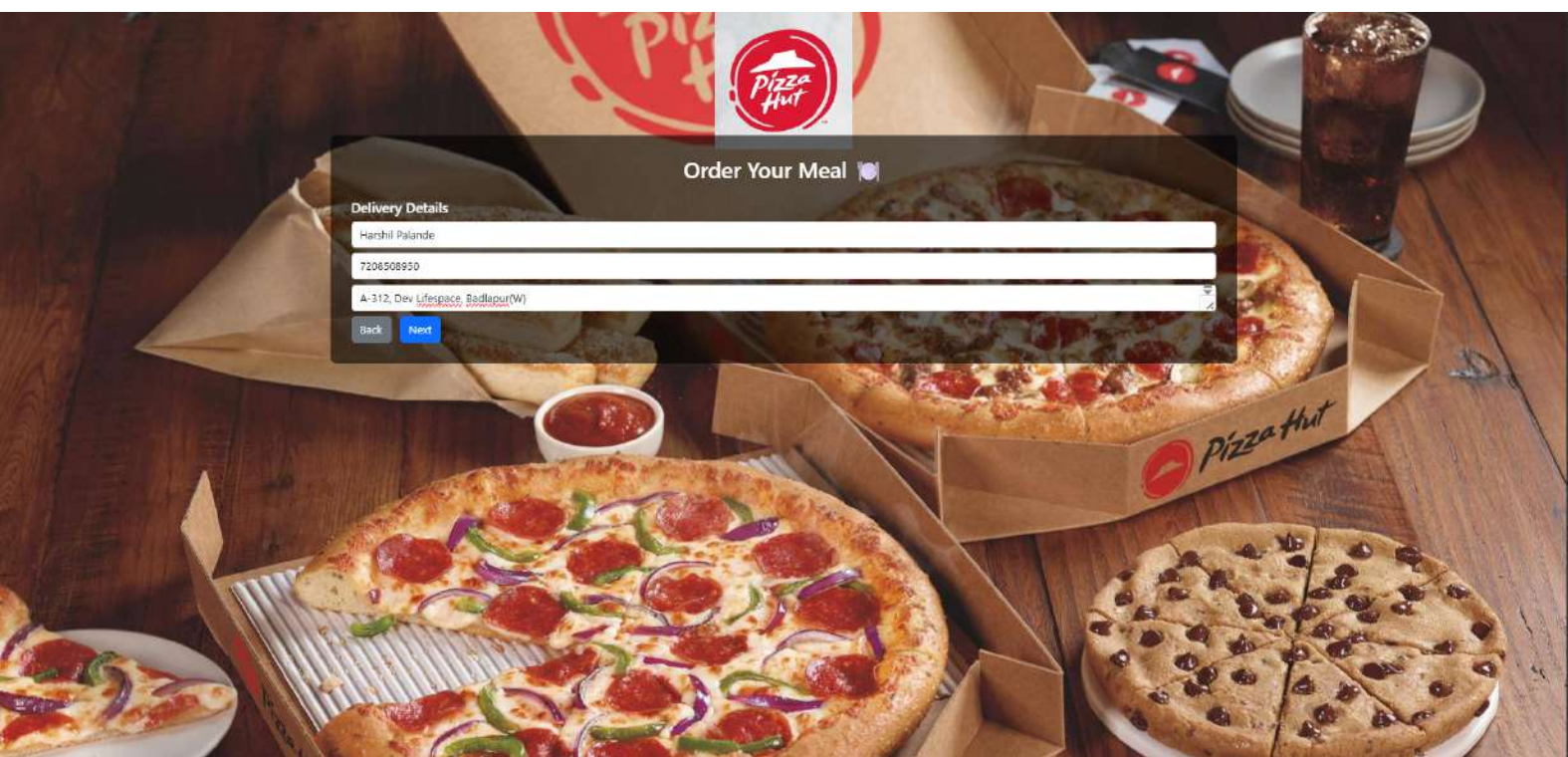
```

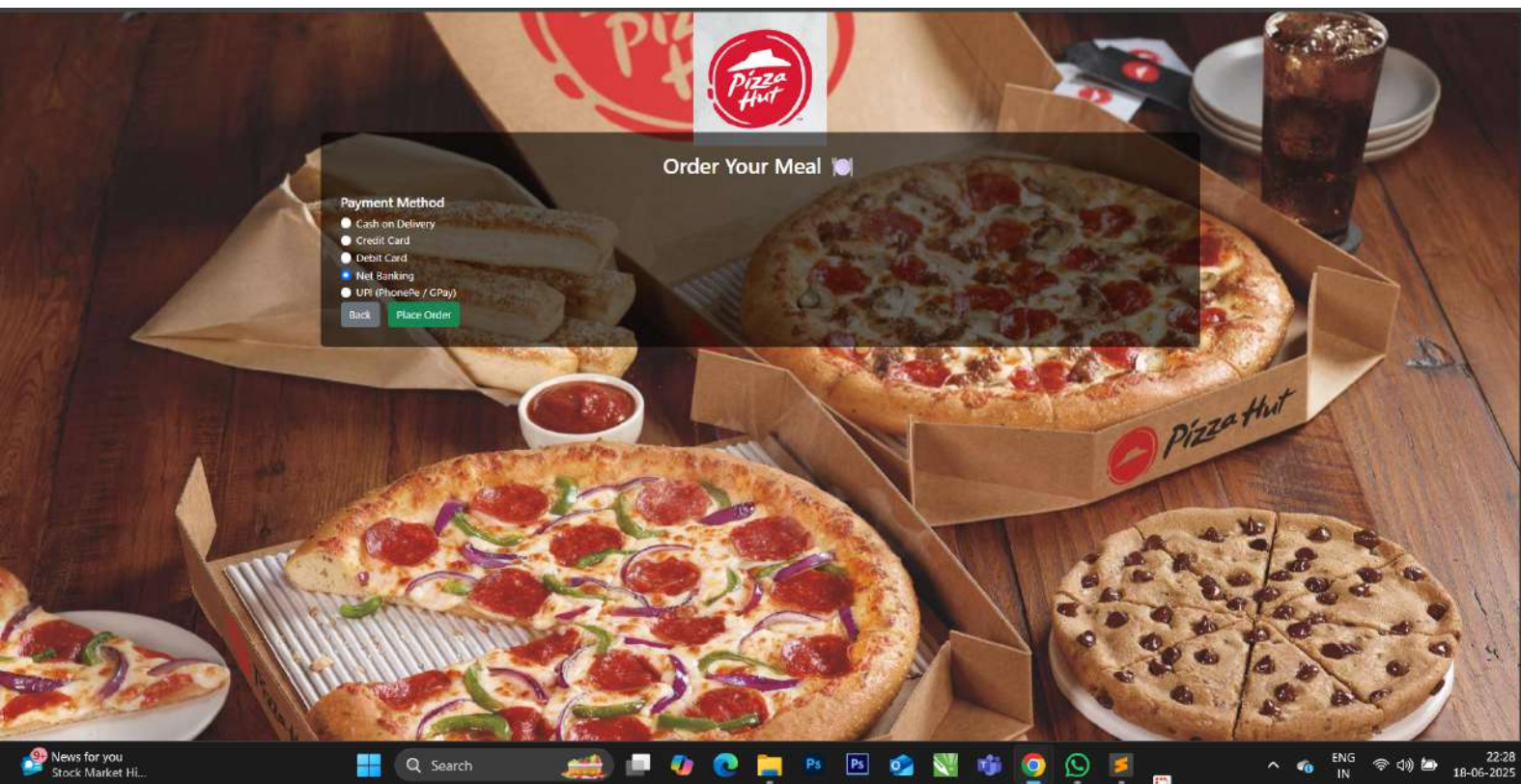
163     document.querySelectorAll('.step').forEach(s => s.classList.remove('active'));
164     document.getElementById('confirmation').classList.add('active');
165 }
166
167 function showAddress(show) {
168     document.getElementById('addressSection').style.display = show ? 'block' : 'none';
169 }
170
171 function renderAccordion() {
172     const accordion = document.getElementById("menuAccordion");
173     accordion.innerHTML = "";
174     let index = 0;
175     for (const category in menuData) {
176         const items = menuData[category]
177         .map(item => `<div class="form-check"><input class="form-check-input" type="checkbox" name="${category}" value="${item}" id="${item}${index}"><label for="${item}${index}"> ${item}</label></div>`)
178         .join('');
179         accordion.innerHTML += `
180         <div class="accordion-item">
181             <h2 class="accordion-header" id="heading${index}">
182                 <button class="accordion-button ${index !== 0 ? 'collapsed' : ''}" type="button" data-bs-toggle="collapse" data-bs-target="#collapse${index}" aria-expanded="${index === 0 ? 'true' : 'false'}">
183                     ${category}
184                 </button>
185             </h2>
186             <div id="collapse${index}" class="accordion-collapse collapse ${index === 0 ? 'show' : ''}" data-bs-parent="#menuAccordion">
187                 <div class="accordion-body">${items}</div>
188             </div>
189         </div>
190         `;
191         index++;
192     }
193 }
194
195 renderAccordion();
196 </script>
197 </body>
198 </html>
199

```

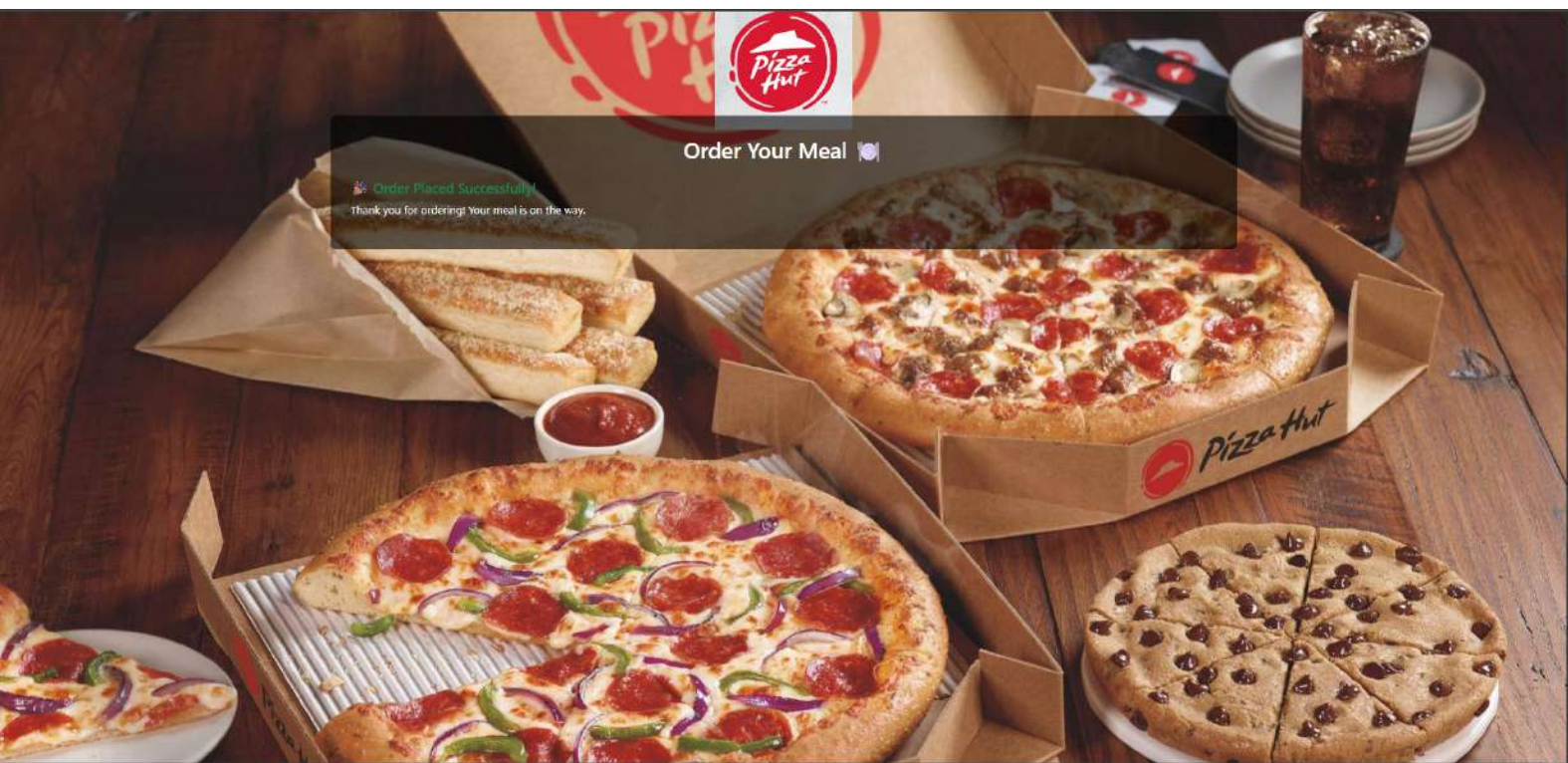












Order Your Meal 🍷

👤 Order Placed Successfully!  
Thank you for ordering! Your meal is on the way.



```

1  <!DOCTYPE html>
2  <html lang="en">
3  <head>
4    <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
5    <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
6    <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
7    <meta charset="UTF-8">
8    <meta name="viewport" content="width=device-width, initial-scale=1.0">
9    <title>Driving Licence Form</title>
10 </head>
11 <body>
12   <div class="container">
13     <h1 style="font-size:50px; font-family:Times New Roman; font-weight: bold; text-align: center; margin-bottom: 50px;">
14       Driving Licence Registration
15     </h1>
16
17     <form class="form-horizontal">
18
19       <div class="form-group">
20         <label class="control-label col-sm-2" for="fullname">Full Name:</label>
21         <div class="col-sm-10">
22           <input type="text" class="form-control" id="fullname" placeholder="Enter full name">
23         </div>
24       </div>
25
26       <div class="form-group">
27         <label class="control-label col-sm-2" for="dob">Date of Birth:</label>
28         <div class="col-sm-10">
29           <input type="date" class="form-control" id="dob">
30         </div>
31       </div>
32
33       <div class="form-group">
34         <label class="control-label col-sm-2">Gender:</label>
35         <div class="col-sm-10">
36           <label class="radio-inline"><input type="radio" name="gender">Male</label>


```

```
37     <label class="radio-inline"><input type="radio" name="gender">Female</label>
38     <label class="radio-inline"><input type="radio" name="gender">Other</label>
39 </div>
40 </div>
41
42 <div class="form-group">
43     <label class="control-label col-sm-2" for="address">Address:</label>
44     <div class="col-sm-10">
45         <textarea class="form-control" id="address" placeholder="Enter your address"></textarea>
46     </div>
47 </div>
48
49 <!-- Mobile Number -->
50 <div class="form-group">
51     <label class="control-label col-sm-2" for="mobile">Mobile Number:</label>
52     <div class="col-sm-10">
53         <input type="tel" class="form-control" id="mobile" placeholder="Enter mobile number">
54     </div>
55 </div>
56
57 <div class="form-group">
58     <label class="control-label col-sm-2" for="email">Email:</label>
59     <div class="col-sm-10">
60         <input type="email" class="form-control" id="email" placeholder="Enter email">
61     </div>
62 </div>
63
64 <div class="form-group">
65     <label class="control-label col-sm-2" for="vehicle">Vehicle Type:</label>
66     <div class="col-sm-10">
67         <select class="form-control" id="vehicle">
68             <option value="">--Select--</option>
69             <option>Two Wheeler</option>
70             <option>Four Wheeler</option>
71             <option>Heavy Vehicle</option>
```

```
72         <option>LMV</option>
73         <option>Others</option>
74     </select>
75 </div>
76 </div>
77
78 <div class="form-group">
79     <label class="control-label col-sm-2">Upload Documents:</label>
80     <div class="col-sm-10">
81         <input type="file" class="form-control">
82     </div>
83 </div>
84
85 <div class="form-group">
86     <div class="col-sm-offset-2 col-sm-10">
87         <button type="submit" class="btn btn-primary">Submit Application</button>
88     </div>
89 </div>
90
91 </form>
92 </div>
93 </body>
94 </html>
95
```



# Driving Licence Registration

Full Name:	<input type="text" value="Harshil Palande"/>	
Date of Birth:	<input type="text" value="09-05-2008"/>	
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	
Address:	<input type="text" value="A-402, Dev Harmony, Badlapur(W)"/>	
Mobile Number:	<input type="text" value="7206508950"/>	
Email:	<input type="text" value="harshil.palande@gmail.com"/>	
Vehicle Type:	<input type="text" value="Four Wheeler"/>	
Upload Documents:	<div><input type="button" value="Choose File"/> No file chosen</div>	
<div>Submit Application</div>		

```
1 <!DOCTYPE html>
2 <html lang="en">
3 <head>
4   <meta charset="UTF-8">
5   <title>Fortis Hospital Mulund Appointment</title>
6   <meta name="viewport" content="width=device-width, initial-scale=1">
7
8   <!-- Bootstrap 3.4.1 CDN -->
9   <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
10  <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
11  <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
12
13  <style>
14    body {
15      font-family: Arial;
16      background-color: #f0f8ff;
17    }
18    .appointment-wrapper {
19      margin: 50px auto;
20      max-width: 900px;
21      background: #fff;
22      box-shadow: 0 0 15px rgba(0,0,0,0.1);
23      border-radius: 8px;
24      overflow: hidden;
25    }
26    .sidebar {
27      background-color: #009688;
28      color: white;
29      padding: 30px 20px;
30      min-height: 100%;
31      text-align: center;
32    }
33    .sidebar h2 {
34      margin-top: 20px;
35      font-weight: bold;
36    }
37    .sidebar img {
38      width: 120px;
39    }
```

```

40 .form-area {
41   padding: 30px;
42 }
43 legend {
44   font-size: 18px;
45   color: #009688;
46 }
47 .btn-primary {
48   background-color: #009688;
49   border: none;
50 }
51 </style>
52 </head>
53 <body>
54
55 <div class="appointment-wrapper row">
56   <div class="col-sm-4 sidebar">
57     
58     <h2>Fortis Hospital</h2>
59     <h4>Mulund - Mumbai</h4>
60     <p>
61       NABH accredited, multi-specialty hospital in Mumbai offering advanced cardiac, neuro, and transplant care.
62     </p>
63     <p style="font-size: 13px;">
64       📍 Mulund Goregaon Link Road, Nahur West, Mulund(W), Mumbai 400078<br>
65       📞 Helpline: +91 22 4111 4111
66     </p>
67   </div>
68
69   <div class="col-sm-8 form-area">
70     <form>
71       <fieldset>
72         <legend>Personal Details</legend>
73         <div class="form-group">
74           <label for="fullname">Full Name:</label>
75           <input type="text" class="form-control" id="fullname" placeholder="Enter full name" required>
76         </div>
77
78         <div class="form-group">
79           <label for="phone">Contact Number:</label>

```



```

80     <input type="tel" class="form-control" id="phone" placeholder="Enter phone number" required>
81 </div>
82
83 <div class="form-group">
84     <label for="gender">Gender:</label><br>
85     <label class="radio-inline"><input type="radio" name="gender"> Male</label>
86     <label class="radio-inline"><input type="radio" name="gender"> Female</label>
87     <label class="radio-inline"><input type="radio" name="gender"> Other</label>
88 </div>
89 </fieldset>
90
91 <fieldset style="margin-top: 20px;">
92     <legend>Appointment Details</legend>
93     <div class="form-group">
94         <label for="department">Department:</label>
95         <select class="form-control" id="department">
96             <option>Choose Department</option>
97             <option>Cardiology</option>
98             <option>Neurology</option>
99             <option>Nephrology</option>
100             <option>Orthopedics</option>
101             <option>Gastroenterology</option>
102         </select>
103     </div>
104
105     <div class="form-group">
106         <label for="date">Preferred Date:</label>
107         <input type="date" class="form-control" id="date">
108     </div>
109
110     <div class="form-group">
111         <label for="time">Preferred Time:</label>
112         <input type="time" class="form-control" id="time">
113     </div>
114
115     <div class="form-group">
116         <label for="symptoms">Symptoms:</label>
117         <textarea class="form-control" rows="3" id="symptoms" placeholder="Short description of issue"></textarea>
118     </div>

```

```
120     <div class="form-group text-center">
121         <button type="submit" class="btn btn-primary">Book Appointment</button>
122     </div>
123 </fieldset>
124 </form>
125 </div>
126 </div>
127
128 </body>
129 </html>
130
```



## Fortis Hospital

Mulund - Mumbai

NABH accredited, multi-specialty hospital in Mumbai offering advanced cardiac, neuro, and transplant care.

📍 Mulund Goregaon Link Road, Nahur West, Mulund(W), Mumbai 400078  
☎ Helpline: +91 22 4111 4111

### Personal Details

Full Name:

Harshil Palande

Contact Number:

7208508950

Gender:

☒ Male ☐ Female ☐ Other

### Appointment Details

Department:

Neurology

Preferred Date:

22-06-2025

Preferred Time:

15:00

Symptoms:

Frequent headaches, Memory loss or confusion, Muscle weakness

Book Appointment