

```
1 <!doctype html>
2 <html>
3 <head>
4   <meta charset="utf-8">
5   <meta name="viewport" content="width=device-width, initial-scale=1">
6   <title></title>
7   <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
8   <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
9   <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
10 </head>
11 <body style="background-color:indianred;">
12   <div class="container">
13     <form method="get">
14       <div class="form-group">
15         <label for="exampleInputEmail1">Email ID</label>
16         <input type="email" class="form-control" id="exampleInputEmail1"placeholder="Enter Your Email">
17       </div>
18       <div class="form-group">
19         <label for="exampleInputPassword1">Password</label>
20         <input type="Password" class="form-control" id="exampleInputPassword1"placeholder="Enter Password">
21       </div>
22       <div class="form-check">
23         <input type="checkbox" class="form-check-input" id="exampleCheck1">
24         <label class="form-check-label" for="exampleCheck1">Check me out</label>
25       </div>
26       <button type="Submit" class="btn btn-primary">Submit</button>
27     </form>
28   </div>
29 </body>
30 </html>
31
```

Email ID

harshil.palande@gmail.com

Password

☒ Check me out

Submit

```

1  <!DOCTYPE html>
2  <html>
3  <head>
4      <meta charset="utf-8">
5      <meta name="viewport" content="width=device-width, initial-scale=1">
6      <title>Student Registration Form</title>
7      <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
8      <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
9      <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
10     <style>
11         body {
12             background-color:mediumslateblue;
13             color: #333;
14         }
15         .form-control {
16             background-color: #f9f9f9;
17             border: 1px solid #ccc;
18         }
19         .btn-primary {
20             background-color: seagreen;
21             border-color:palevioletred ;
22         }
23         .btn-primary:hover {
24             background-color: #45a049;
25         }
26     </style>
27 </head>
28 <body>
29     <div class="container">
30         <h2>Student Registration Form</h2>
31         <form method="post" enctype="multipart/form-data">
32             <div class="form-group">
33                 <label>Name:</label>
34                 <input type="text" class="form-control" name="Name" placeholder="Enter Name">
35             </div>
36             <div class="form-group">
37                 <label>Phone no.:</label>
38                 <input type="text" class="form-control" name="Phone no." placeholder="Enter Phone no.">
39             </div>

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40 <div class="form-group">
41   <label>Address:</label>
42   <textarea class="form-control" name="Address" placeholder="Enter Address"></textarea>
43 </div>
44 <div class="form-group">
45   <label>Email ID:</label>
46   <input type="email" class="form-control" name="Email" placeholder="Enter email">
47 </div>
48 <div class="form-group">
49   <label>Password:</label>
50   <input type="password" class="form-control" name="Password" placeholder="Password">
51 </div>
52 <div class="form-group">
53   <label>Admission Year:</label>
54   <input type="number" class="form-control" name="Admission Year" placeholder="Enter Year">
55 </div>
56 <div class="form-group">
57   <label>Select Class:</label>
58   <select class="form-select" aria-label="Default select example">
59     <option selected>Open this select menu</option>
60     <option value="1">FY</option>
61     <option value="2">SY</option>
62     <option value="3">TY</option>
63   </select>
64 </div>
65 <div class="form-group">
66   <label>Gender:</label><br>
67   <input class="form-check-input" type="radio" value="Male" name="flexRadioDefault" id="flexRadioDefault1">
68   <label class="form-check-label" for="flexRadioDefault1">Male</label><br>
69   <input class="form-check-input" type="radio" value="Female" name="flexRadioDefault" id="flexRadioDefault2">
70   <label class="form-check-label" for="flexRadioDefault2">Female</label>
71 </div>
72 <div class="form-group">
73   <label>DOB:</label>
74   <input type="date" class="form-control" name="DOB" placeholder="Select DOB">
75 </div>
76 <div class="form-group">

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77     <label>Aadhar Card:</label>
78     <input type="file" class="form-control" name="Aadhar" placeholder="Select file">
79 </div>
80     <button type="submit" class="btn btn-primary">Submit</button>
81 </form>
82 </div>
83 </body>
84 </html>
85
```

Student Registration Form

Name:

Harshil Palande

Phone no.:

7208508950

Address:

A-1102, Lily White Apartment, Shivam nagar, Jogeshwan(East)

Email ID:

harshil.palande@gmail.com

Password:

Admission Year:

2023

Select Class:

TY

Gender:

☒ Male

☐ Female

DOB:

09-05-2008

Aadhar Card:

No file chosen



```
1 <!Doctype html>
2 <html>
3 <head>
4   <meta charset="utf-8">
5   <meta name="viewport" content="width=device-width, initial-scale=1">
6   <title></title>
7   <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
8   <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
9   <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
10 </head>
11 <body>
12   <label for="CustomRange1" class="form-label">Example Range</label>
13   <input type="range" class="form-range" id="CustomRange1">
14 </body>
15 </html>
```

```

1  <!DOCTYPE html>
2  <html>
3  <head>
4      <meta charset="UTF-8">
5      <meta name="viewport" content="width=device-width, initial-scale=1">
6      <title>Input Type Form</title>
7      <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
8      <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
9      <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
10 </head>
11 <body style="background-color:#ffcd22; padding: 20px;">
12
13 <div class="container">
14     <div class="panel panel-default">
15         <div class="panel-heading"><h2 style="text-align:center;">Detials</h2></div>
16         <div class="panel-body">
17
18             <form>
19
20                 <div class="form-group">
21                     <label>Hobbies</label>
22                     <input type="text" class="form-control" placeholder="Enter your hobby">
23                 </div>
24
25                 <div class="form-group">
26                     <label>Your Favorite Color</label>
27                     <input type="color" class="form-control">
28                 </div>
29
30                 <div class="form-group">
31                     <label>Date</label>
32                     <input type="date" class="form-control">
33                 </div>
34
35                 <div class="form-group">
36                     <label>Time</label>
37                     <input type="time" class="form-control">
38                 </div>
39
40                 <div class="form-group">
41                     <label>DateTime Local</label>

```

```
41     <input type="datetime-local" class="form-control">
42 </div>
43
44 <div class="form-group">
45     <label>Email</label>
46     <input type="email" class="form-control" placeholder="Enter email">
47 </div>
48
49 <div class="form-group">
50     <label>Upload Resume</label>
51     <input type="file" class="form-control">
52 </div>
53
54 <div class="form-group">
55     <label>Month</label>
56     <input type="month" class="form-control">
57 </div>
58
59 <div class="form-group">
60     <label>Phone</label>
61     <input type="tel" class="form-control" placeholder="Enter phone number">
62 </div>
63
64 <div class="form-group">
65     <label>Password</label>
66     <input type="password" class="form-control" placeholder="Enter password">
67 </div>
68
69 <div class="form-group">
70     <label>Policy</label><br>
71     <input type="radio"> I agree to the policy
72 </div>
73
74 <div class="form-group">
75     <label>Range</label>
76     <input type="range" class="form-control">
77 </div>
78
79 <div class="form-group">
```

```

80     <label>Example</label><br>
81     <input type="reset" class="btn btn-warning" value="Reset">
82     <input type="submit" class="btn btn-success" value="Submit">
83 </div>
84
85 <div class="form-group">
86     <label>Search</label>
87     <input type="search" class="form-control" placeholder="Search something">
88 </div>
89
90 <div class="form-group">
91     <label>Name</label>
92     <input type="text" class="form-control" placeholder="Your name">
93 </div>
94
95 <div class="form-group">
96     <label>URL</label>
97     <input type="url" class="form-control" placeholder="Your website link">
98 </div>
99
100 <div class="form-group">
101     <label>Week</label>
102     <input type="week" class="form-control">
103 </div>
104
105 </form>

```

```

106
107 </div>

```

```

108 </div>

```

```

109 </div>

```

```

110
111 </body>

```

```

112 </html>

```

```

113

```

Details

Hobbies

Listening Music, Playing Cricket,Basketball

Your Favorite Color

Date

09-05-2008

Time

17:30

DateTime Local

18-06-2025 20:00

Email

harshit.palando@gmail.com

Upload Resume

Choose File

No file chosen

Month

June, 2025

Phone

7208508950

Password

Policy

☒ I agree to the policy

Range



Example

[Reset](#) [Submit](#)

Search

Name

URL

Week

