

PRACTICAL 7

AIM: Apply inline, internal and external style sheet for the student registration form.

1.Inline Code

```
<html style="background-color:f5f5f5; text-transform:capitalize; letter-spacing:1.5px;">
<head>
  <title>Forms And Tags</title>
</head>
<body>
  <div style="position: absolute; top: 35; left: 450; width: 450; border-radius: 4px;
background-color: white; border:rgb(172, 170, 166); border-width:1px; border-style:solid;">
    <form> <b>
      <p style="font-family: 'Roboto', sans-serif; font-size: 18px; text-transform: uppercase;
        color:black;" align="center">Hemil Chovatiya Registration Form</p>      </b>
      <table border=0 align="center" style="border: none; border-color: white;">
        <tr style=" background-color: white;">
          <td style=" padding: 4px; font-size: larger; text-align-last: center; background-color:
white;">
            <label style=" background-color: white;">First Name:</label></td>
            <td style=" padding: 4px;font-size: larger; text-align-last: center; background-
color: white;"><input style=" width: 257px;height: 35px; padding: 5px; font-family:
'Roboto', sans-serif; font-size: 11px; text-transform: uppercase; letter-spacing:
1.5px; color: #000; background-color: #fff; border: none; border-radius: 9px; box-
shadow: 6px 8px 15px rgba(0, 0, 0, .2); transition: all 0.3s ease 0s; outline:solid 1px
rgb(255, 255, 255); background-color: white;" type="text" placeholder="Enter
Name"></td>
          </tr><tr style=" background-color: white;">
            <td style=" padding: 4px; font-size: larger; text-align-last: center;
background- color: white;">
              <label style=" background-color: white;">Middle Name:</label>
            </td><td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;">
              <input style=" width: 257px; height: 35px; padding: 5px; font-family: 'Roboto',
sans-serif; font-size: 11px; text-transform: uppercase; letter-spacing: 1.5px; color:
#000; background-color: #fff; border: none; border-radius: 9px;
box-shadow: 6px 8px 15px rgba(0, 0, 0, .2); transition: all 0.3s ease 0s;
outline:solid 1px rgb(255, 255, 255); background-color: white;" type="text"
placeholder="Middle Name"></td>
            </tr>
            <tr style=" background-color: white;">
              <td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;">
                <label style=" background-color: white;">Gender:</label></td>
```

```

<td style=" padding: 4px;
font-size: larger; text-align-last: center; background-color: white;">
<input style=" margin:7px; box-shadow: 6px 8px 10px rgba(0, 0, 0.1, 0.1);
transition: all 0.3s ease 0s; background-color: white;" type="radio"><label
style=" background-color: white;"> Male</label>
<input style=" margin:7px; box-shadow: 6px 8px 10px rgba(0, 0, 0.1, 0.1);
transition: all 0.3s ease 0s; background-color: white;" type="radio"><label
style=" background-color: white;">Female</label>
<input style=" margin:7px; box-shadow: 6px 8px 10px rgba(0, 0, 0.1, 0.1);
transition: all 0.3s ease 0s; background-color: white;" type="radio"><label
style=" background-color: white;">Other</label>
</td> </tr>
<tr style=" background-color: white;">
<td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;"> <label style=" background-color: white;">Address:</label></td>
<td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;">
<textarea style=" width: 257px; height: 35px; padding: 5px; font-family: 'Roboto',
sans-serif; font-size: 11px; text-transform: uppercase; letter-spacing: 1.5px; color:
#000;background-color: #fff; border: none; border-radius: 9px; box-shadow: 6px 8px
15px rgba(0, 0, 0, .2); transition: all 0.3s ease 0s; outline:solid 1px rgb(255, 255,
255); background-color: white;" cols="30" rows="5" type="textarea"
placeholder="A-18,Bapa Sitaram Row House,Sarthanajakatnaka"></textarea></td>
</tr> <tr style=" background-color: white;">
<td style=" padding: 4px; font-size: larger; text-align-last: center;
background-color: white;">
<label style=" background-color: white;">Phone No.:</label>
</td> <td style=" padding: 4px; font-size: larger; text-align-last: center;
background-color: white;">
<input style=" width: 257px; height: 35px; padding: 5px; font-family: 'Roboto',
sans-serif; font-size: 11px; text-transform: uppercase; letter-spacing: 1.5px; color:
#000; background-color: #fff; border: none; border-radius: 9px; box-shadow: 6px
8px 15px rgba(0, 0, 0, .2); transition: all 0.3s ease 0s; outline:solid 1px rgb(255, 255,
255); background-color: white;" type="number" placeholder="Enter Phone No">
</td> </tr>
<tr style=" background-color: white;">
<td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;"><label style=" background-color: white;"> Email:</label>
</td> <td style=" padding: 4px; font-size: larger;
text-align-last: center; background-color: white;"><input style=" width: 257px;
height: 35px; padding: 5px; font-family: 'Roboto', sans-serif; font-size: 11px;
text-transform: uppercase; letter-spacing: 1.5px; color: #000;
background-color: #fff; border: none;border-radius: 9px;

```

```

        box-shadow: 6px 8px 15px rgba(0, 0, 0, .2); transition: all 0.3s ease 0s;
        outline:solid 1px rgb(255, 255, 255); background-color: white;" type="email"
        placeholder="hemilchovatiya4@gmail.com"></td>
</tr>
<tr style=" background-color: white;">
    <td style=" padding: 4px;
        font-size: larger;text-align-last: center; background-color: white;">
<label style=" background-color: white;">Hobbies:</label>
    </td> <td style=" padding: 4px;
        font-size: larger;
        text-align-last: center; background-color: white;"><input style=" background-
color: white;"
        type="checkbox">Games
    <input style="margin:7px;
        box-shadow: 6px 8px 10px rgba(0, 0, 0.1, 0.1);
        transition: all 0.3s ease 0s;
        background-color: white;" type= "checkbox"> Movies
    <input style="margin:7px;
        box-shadow: 6px 8px 10px rgba(0, 0, 0.1, 0.1);
        transition: all 0.3s ease 0s; background-color: white;"
        type="checkbox">Coding
    </td></tr>
<tr style=" background-color: white;">
<td style=" padding: 4px; font-size: larger;text-align-last: center; background-color: white;">
    <label style=" background-color: white;">City:</label></td>
    <td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;">
        <input style=" width: 257px;height: 35px; padding: 5px; font-family: 'Roboto',
        sans-serif; font-size: 11px; text-transform: uppercase; letter-spacing: 1.5px;
        color: #000; background-color: #fff; border: none; border-radius: 9px; box-
        shadow: 6px 8px 15px rgba(0, 0, 0, .2); transition: all 0.3s ease 0s;
        outline:solid 1px rgb(255, 255, 255); background-color: white;" type="text"
        placeholder="Surat"></td>
</tr> <tr style=" background-color: white;">
    <td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;">
    <label style=" background-color: white;">State:</label></td>
    <td style=" padding: 4px; font-size: larger;
        text-align-last: center; background-color: white;"> <input style="width: 257px;
        height: 35px; padding: 5px; font-family: 'Roboto', sans-serif; font-size: 11px;
        text-transform: uppercase; letter-spacing: 1.5pxcolor: #000; background-color:
        #fff; border: none; border-radius: 9px; box-shadow: 6px 8px 15px rgba(0, 0,

```



```

0, .2); transition: all 0.3s ease 0s; outline:solid 1px rgb(255, 255, 255);
background-color: white;" type="text" placeholder="Gujarat"></td>
</tr>
<tr style=" background-color: white;"></tr>
<td style=" padding: 4px; font-size: larger; text-align-last: center;
background-color: white;">
<label style=" background-color: white;">Country:</label></td>
<td style=" padding: 4px;font-size: larger; text-align-last: center; background-
color: white;">
<input style=" width: 257px; height: 35px; padding: 5px;font-family: 'Roboto', sans-
serif;font-size: 11px; text-transform: uppercase; letter-spacing: 1.5px; color: #000;
background-color: #fff; border: none; border-radius: 9px; box-shadow: 6px 8px
15px rgba(0, 0, 0, .2); transition: all 0.3s ease 0s; outline:solid 1px rgb(255, 255, 255);
background-color: white;" type="text" placeholder="India"></td>
<tr style=" background-color: white;">
<td style=" padding: 4px; font-size: larger; text-align-last: center; background-color:
white;"><label style=" background-color: white;">College Name:</label>
</td>
<td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;">
<select class="dropdown" style=" width: 257px; height: 35px; padding: 5px;
font-family: 'Roboto', sans-serif; font-size: 11px; text-transform: uppercase;
letter-spacing: 1.5px; color: #000; background-color: #fff; border: none;
border-radius: 9px; box-shadow: 6px 8px 15px rgba(0, 0, 0, .2);
transition: all 0.3s ease 0s; outline:solid 1px rgb(255, 255, 255);">
<option class="opt">PIT</option>
<option class="opt">PIET</option>
<option class="opt">PU</option>
<option class="opt">GTU</option>
</select>
</td>
<tr style=" background-color: white;">
<td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;">
<button style=" width: 140px; height: 45px; font-family: 'Roboto', sans-serif;
font-size: 11px; text-transform: uppercase; letter-spacing: 2.5px; color:white;
background-color: rgb(19, 17, 17); border: none; border-radius: 45px;
box- shadow: 6px 8px 15px rgba(0, 0, 0, 0.2); transition: all 0.3s ease 0s;
cursor: pointer; outline: solid 1px rgb(255, 252, 252);" type="submit"> Submit
</button></td>
<td style=" padding: 4px; font-size: larger; text-align-last: center; background-
color: white;" >

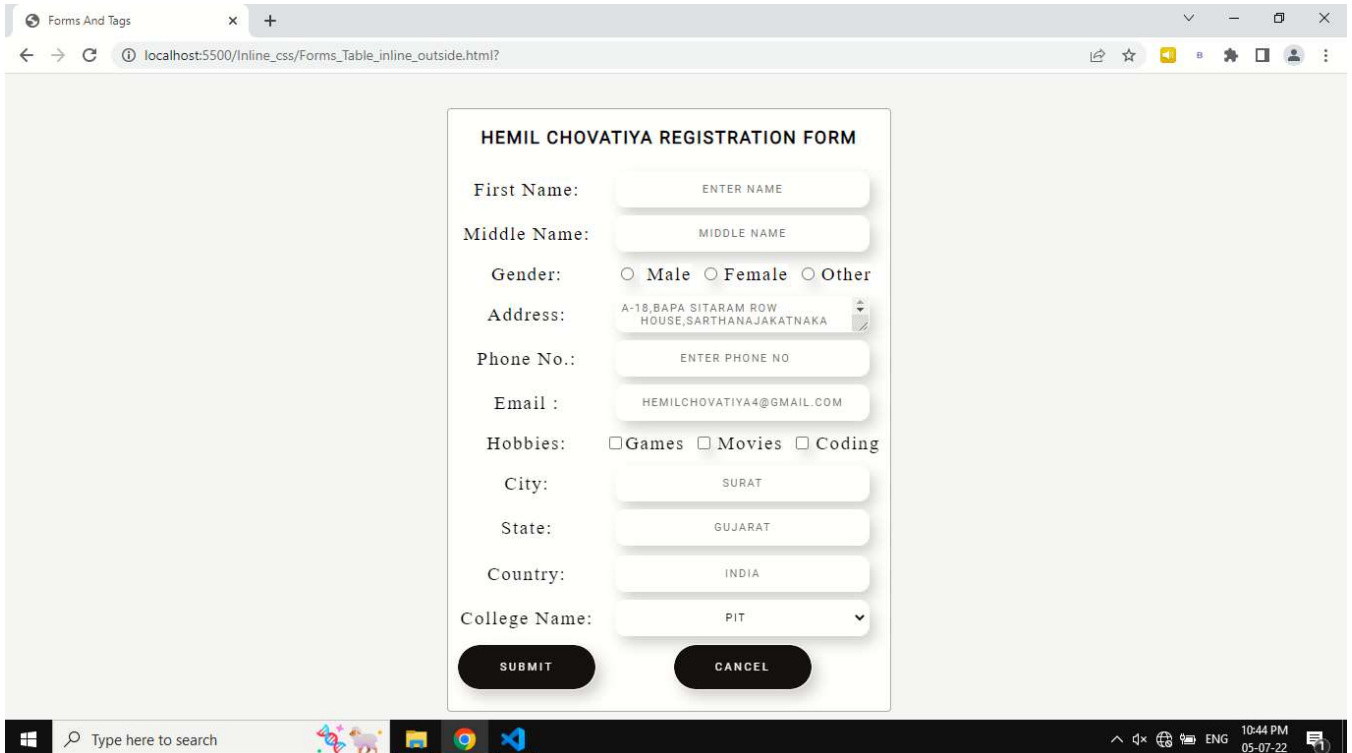
```

```
<button style=" width: 140px;height: 45px; font-family: 'Roboto', sans-serif; font-size: 11px; text-transform: uppercase; letter-spacing: 2.5px; color:white; background-color: rgb(19, 17, 17); border: none; border-radius: 45px; box-shadow: 6px 8px 15px rgba(0, 0, 0, 0.2); transition: all 0.3s ease 0s; cursor: pointer; outline: solid 1px rgb(255, 252, 252);" type="reset">Cancel</button>
</td></tr> </table> </form> </div>
```

```
</body>
```

```
</html>
```

Output:



The screenshot displays a web browser window with a single tab titled 'Forms And Tags'. The address bar shows the local file path: 'localhost:5500/inline_css/Forms_Table_inline_outside.html?'. The main content area features a registration form titled 'HEMIL CHO VATIYA REGISTRATION FORM'. The form includes the following fields and controls:

- First Name:** A text input field with the placeholder 'ENTER NAME'.
- Middle Name:** A text input field with the placeholder 'MIDDLE NAME'.
- Gender:** Three radio button options: 'Male', 'Female', and 'Other'.
- Address:** A text input field containing 'A-18, BAPA SITARAM ROW HOUSE, SARTHANA JAKATNAKA'.
- Phone No.:** A text input field with the placeholder 'ENTER PHONE NO'.
- Email :** A text input field containing 'HEMILCHOVATIYA4@GMAIL.COM'.
- Hobbies:** Three checkbox options: 'Games', 'Movies', and 'Coding'.
- City:** A text input field containing 'SURAT'.
- State:** A text input field containing 'GUJARAT'.
- Country:** A text input field containing 'INDIA'.
- College Name:** A dropdown menu with 'PIT' selected.
- Buttons:** Two dark buttons at the bottom labeled 'SUBMIT' and 'CANCEL'.

The Windows taskbar is visible at the bottom, showing the search bar, task view button, and several application icons (File Explorer, Google Chrome, VS Code). The system clock indicates 10:44 PM on 05-07-22.

2.Internal Code:

```
<html>
<head> <title>Forms And Tags</title> </head>
<style>
  html { background-color: f5f5f5; text-transform: capitalize; letter-spacing: 1.5px; }
  table { align-self: center; border: none; border-color: white; }
  label, textarea, div, td, tr, input { background-color: white; }
  p { text-align: center; font-family: 'Roboto', sans-serif; font-size: 18px;
    text-transform: uppercase; color: black; }
  div { border: rgb(172, 170, 166); border-width: 1px; border-style: solid;
    position: absolute; top: 35; left: 450; width: 450; border-radius: 4px; }
  td { padding: 4px; font-size: larger; text-align-last: center; }
  input[type=radio], input[type=checkbox] { margin: 7px;
    box-shadow: 6px 8px 10px rgba(0, 0, 0.1, 0.1); transition: all 0.3s ease 0s; }
  select[class=dropdown], option[class=opt], input[type=email], input[type=number],
  input[type=text], textarea[type=textarea] {
    width: 257px; height: 35px; padding: 5px; font-family: 'Roboto', sans-serif;
    font-size: 11px; text-transform: uppercase; letter-spacing: 1.5px;
    color: #000; background-color: #fff; border: none; border-radius: 9px;
    box-shadow: 6px 8px 15px rgba(0, 0, 0, .2); transition: all 0.3s ease 0s;
    outline: solid 1px rgb(255, 255, 255) }
  button { width: 140px; height: 45px; font-family: 'Roboto', sans-serif;
    font-size: 11px; text-transform: uppercase; letter-spacing: 2.5px;
    color: white; background-color: rgb(19, 17, 17); border: none;
    border-radius: 45px; box-shadow: 6px 8px 15px rgba(0, 0, 0, 0.2);
    transition: all 0.3s ease 0s; cursor: pointer; outline: solid 1px rgb(255, 252, 252); }
  button:hover { color: #000; background-color: #fff; outline: black; }
</style>
<body>
  <div>
    <form>
      <b><p>Hemil Chovatiya Registration Form</p> </b>
      <table border=0>
        <tr>
          <td><label>First Name:</label></td>
          <td><input type="text" placeholder="Enter Name"></td>
        </tr><tr>
          <td><label>Middle Name:</label></td>
          <td><input type="text" placeholder="Middle Name"></td>
        </tr><tr>
          <td><label>Gender:</label></td>
          <td><input type="radio"><label> Male</label>
            <input type="radio"><label>Female</label>
          </td>
        </tr>
      </table>
    </form>
  </div>
</body>
</html>
```

```

        <input type="radio"><label>Other</label></td>
    </tr> <tr>
        <td> <label>Address:</label></td>
        <td><textarea cols="30" rows="5" type="textarea" placeholder="A-18,Bapa
Sitarom Row House,Sarhanajakatnaka"></textarea></td>
    </tr> <tr>
        <td><label>Phone No.:</label></td>
        <td><input type="number" placeholder="Enter Phone No"></td>
    </tr><tr>
        <td><label> Email :</label></td>
        <td><input type="email" placeholder="hemilchovatiya4@gmail.com"></td>
    </tr><tr>
        <td><label> Hobbies:</label></td>
        <td><input type="checkbox">Games
        <input type="checkbox">Movies
        <input type="checkbox">Coding
        </td></tr>
    <tr> <td><label>City:</label></td>
        <td><input type="text" placeholder="Surat"></td>
    </tr> <tr>
        <td><label>State:</label></td>
        <td> <input type="text" placeholder="Gujarat"></td>
    </tr><tr><tr><tr>
        <td><label>Country:</label></td>
        <td><input type="text" placeholder="India"></td>
    </tr>
    <tr>
        <td><label>College Name:</label></td>
        <td><select class="dropdown">
            <option class="opt">PIT</option>
            <option class="opt">PIET</option>
            <option class="opt">PU</option>
            <option class="opt">GTU</option>
        </select></td>
    </tr>
    <tr>
        <td><button type="submit">Submit</button></td>
        <td><button type="reset">Cancel</button></td>
    </tr>
</table></form> </div>
</body>
</html>

```


3.External Code:

```

<html>
<head> <title>Forms And Tags</title> </head>
<link rel="stylesheet" type="text/css" href="form_css.css">
<body>
  <div>
    <form>
      <b><p>Hemil Chovatiya Registration Form</p> </b>
      <table border=0>
        <tr>
          <td><label>First Name:</label></td>
          <td><input type="text" placeholder="Enter Name"></td>
        </tr><tr>
          <td><label>Middle Name:</label></td>
          <td><input type="text" placeholder="Middle Name"></td>
        </tr><tr>
          <td><label>Gender:</label></td>
          <td><input type="radio"><label> Male</label>
            <input type="radio"><label>Female</label>
            <input type="radio"><label>Other</label></td>
        </tr> <tr>
          <td> <label>Address:</label></td>
          <td><textarea cols="30" rows="5" type="textarea" placeholder="A-18,Bapa
Sitarom Row House,Sarthanajakatnaka"></textarea></td>
        </tr> <tr>
          <td><label>Phone No.:</label></td>
          <td><input type="number" placeholder="Enter Phone No"></td>
        </tr><tr>
          <td><label> Email :</label></td>
          <td><input type="email" placeholder="hemilchovatiya4@gmail.com"></td>
        </tr><tr>
          <td><label> Hobbies:</label></td>
          <td><input type="checkbox">Games
            <input type="checkbox">Movies
            <input type="checkbox">Coding
          </td></tr>
        <tr> <td><label>City:</label></td>
          <td><input type="text" placeholder="Surat"></td>
        </tr> <tr>
          <td><label>State:</label></td>
          <td> <input type="text" placeholder="Gujarat"></td>
        </tr><tr><tr>
          <td><label>Country:</label></td>

```



```

        <td><input type="text" placeholder="India"></td>
    <tr>
        <td><label>College Name:</label></td>
        <td><select class="dropdown">
            <option class="opt">PIT</option>
            <option class="opt">PIET</option>
            <option class="opt">PU</option>
            <option class="opt">GTU</option>
        </select></td>
    <tr>
        <td><button type="submit">Submit</button></td>
        <td><button type="reset">Cancel</button></td>
    </tr>
</table></form> </div>
</body>
</html>

```

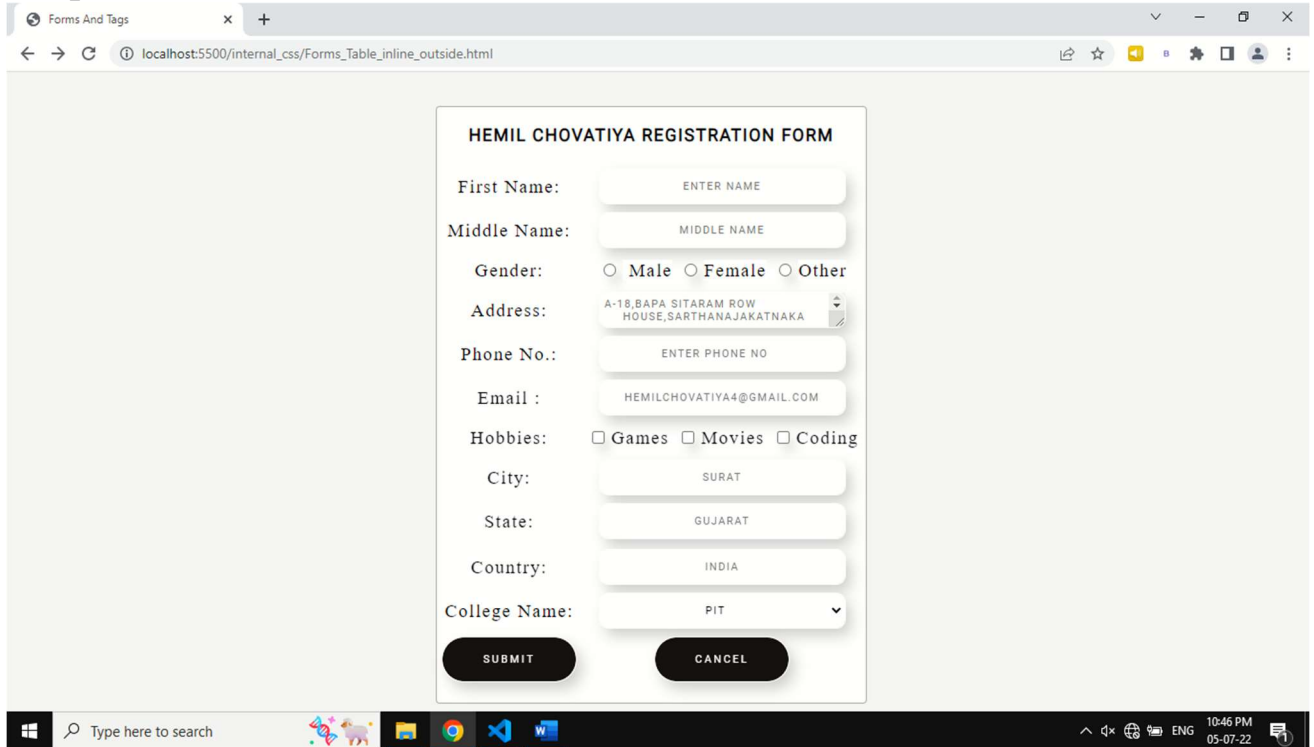
File_css_code:form_css.css

```

html { background-color: f5f5f5; text-transform: capitalize; letter-spacing: 1.5px; }
table { align-self: center;
border: none; border-color: white; }
label, textarea, div, td, tr, input { background-color: white; }
p { text-align: center; font-family: 'Roboto', sans-serif; font-size: 18px;
text-transform: uppercase; color: black; }
div { border: rgb(172, 170, 166); border-width: 1px; border-style: solid;
position: absolute; top: 35; left: 450; width: 450; border-radius: 4px; }
td { padding: 4px; font-size: larger; text-align-last: center; }
input[type=radio],input[type=checkbox] {
margin: 7px;
box-shadow: 6px 8px 10px rgba(0, 0, 0.1, 0.1);
transition: all 0.3s ease 0s; }
select[class=dropdown], option[class=opt], input[type=email], input[type=number],
input[type=text], textarea[type=textarea] {
width: 257px; height: 35px; padding: 5px; font-family: 'Roboto', sans-serif;
font-size: 11px; text-transform: uppercase; letter-spacing: 1.5px;
color: #000; background-color: #fff; border: none; border-radius: 9px;
box-shadow: 6px 8px 15px rgba(0, 0, 0, .2); transition: all 0.3s ease 0s;
outline: solid 1px rgb(255, 255, 255) }
button { width: 140px; height: 45px; font-family: 'Roboto', sans-serif;
font-size: 11px; text-transform: uppercase; letter-spacing: 2.5px;
color: white; background-color: rgb(19, 17, 17); border: none;
border-radius: 45px; box-shadow: 6px 8px 15px rgba(0, 0, 0, 0.2);
transition: all 0.3s ease 0s; cursor: pointer; outline: solid 1px rgb(255, 252, 252); }
button:hover { color: #000; background-color: #fff; outline: black; }

```

Output Internal:



HEMIL CHO VATIYA REGISTRATION FORM

First Name:

Middle Name:

Gender: ☐ Male ☐ Female ☐ Other

Address:

Phone No.:

Email :

Hobbies: ☐ Games ☐ Movies ☐ Coding

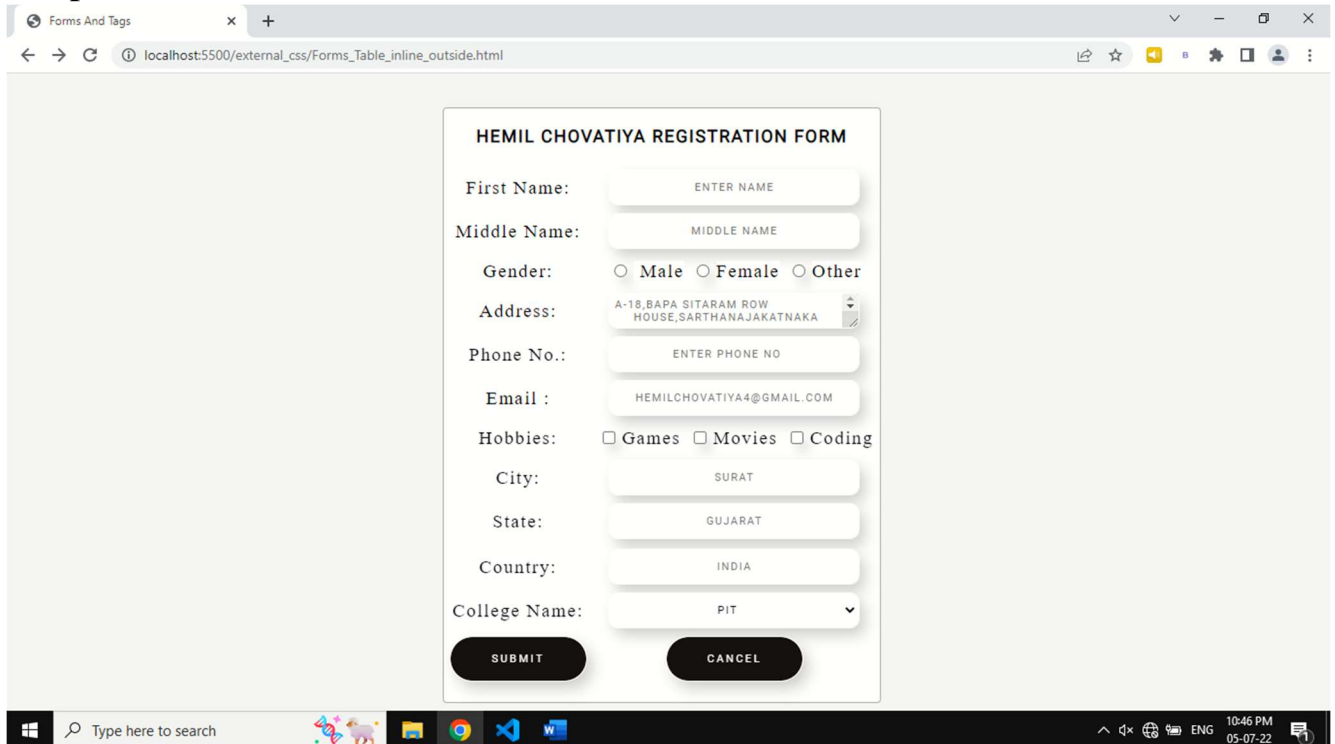
City:

State:

Country:

College Name:

Output External:



HEMIL CHO VATIYA REGISTRATION FORM

First Name:

Middle Name:

Gender: ☐ Male ☐ Female ☐ Other

Address:

Phone No.:

Email :

Hobbies: ☐ Games ☐ Movies ☐ Coding

City:

State:

Country:

College Name: