



Himanshu Patil

1 hr • 1 view

web



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PRIVATE

```
1 <!DOCTYPE html>
2 <html>
3 <head>
4   <title>Course Management Form</title>
5 </head>
6 <body>
7 <style>
8 body {
9   background-color: #f0f8ff; /* sky blue
background */
10   font-family: Arial, sans-serif;
11 }
12
13 .form-container {
14   background-color: #ffffff;
15   width: 400px;
16   padding: 20px;
17   margin: 50px auto;
18   border-radius: 10px;
19   box-shadow: 0 0 10px rgba(0,0,0,0.2);
20 }
21 </style>
22 <h2>Course Management Form</h2>
23
24 <form>
25   <label for="courseId">Course ID:</label><br>
26   <input type="text" id="courseId"
name="courseId"><br><br>
27
28   <label for="courseName">Course Name:</
label><br>
29   <input type="text" id="courseName"
name="courseName"><br><br>
30
31   <label for="duration">Duration:</label><br>
32   <input type="text" id="duration"
name="duration"><br><br>
33
34   <label for="fees">Fees:</label><br>
35   <input type="number" id="fees"
name="fees"><br><br>
36
37   <input type="submit" value="Submit">
```

Course Management Form

Course ID:

Course Name:

Duration:

Fees:

Submit



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```
1 <!DOCTYPE html>
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4   <title>Patient Record Form</title>
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6 <body>
7 <style>
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15   width: 400px;
16   padding: 20px;
17   margin: 50px auto;
18   border-radius: 10px;
19   box-shadow: 0 0 10px rgba(0,0,0,0.2);
20 }
21 </style>
22
23 <h2>Patient Record System</h2>
24
25 <form>
26   <label for="patientId">Patient ID:</
label><br>
27   <input type="text" id="patientId"
name="patientId"><br><br>
28
29   <label for="name">Name:</label><br>
30   <input type="text" id="name"
name="name"><br><br>
31
32   <label for="age">Age:</label><br>
33   <input type="number" id="age"
name="age"><br><br>
34
35   <label>Gender:</label><br>
36   <input type="radio" id="male" name="gender"
value="Male">
37   <label for="male">Male</label>
```



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```
20     }
21     </style>
22
23     <h2>Patient Record System</h2>
24
25     <form>
26         <label for="patientId">Patient ID:</
label><br>
27         <input type="text" id="patientId"
name="patientId"><br><br>
28
29         <label for="name">Name:</label><br>
30         <input type="text" id="name"
name="name"><br><br>
31
32         <label for="age">Age:</label><br>
33         <input type="number" id="age"
name="age"><br><br>
34
35         <label>Gender:</label><br>
36         <input type="radio" id="male" name="gender"
value="Male">
37         <label for="male">Male</label>
38         <input type="radio" id="female" name="gender"
value="Female">
39         <label for="female">Female</label>
40         <input type="radio" id="other" name="gender"
value="Other">
41         <label for="other">Other</label><br><br>
42
43         <label for="phone">Phone:</label><br>
44         <input type="text" id="phone"
name="phone"><br><br>
45
46         <label for="symptoms">Symptoms:</label><br>
47         <textarea id="symptoms" name="symptoms"
rows="4" cols="30"></textarea><br><br>
48
49         <input type="submit" value="Submit">
50     </form>
51
52 </body>
53 </html>
```

 D-34 Hw

HTML

CSS

JS

OUTPUT

Patient Record System

Patient ID:

Name:

Age:

Gender:

☐ Male ☐ Female ☐ Other

Phone:

Symptoms: