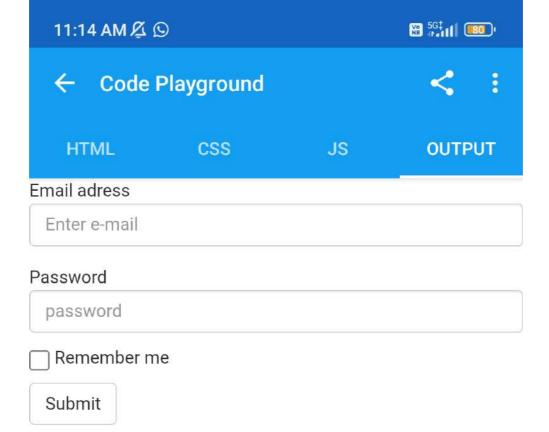
← Code Playground

<

HTML CSS JS OUTPUT

```
</html><!DOCTYPE html>
   <html>
       <head>
           <link rel="stylesheet"</pre>
   href="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/css/bootstrap.min.css">
   src="https://ajax.googleapis.com/ajax/libs/jquery
   /3.7.1/jquery.min.js"></script>
   src="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/js/bootstrap.min.js"></script>
       </head>
       <body>
   <form method="get">
  <div class="form-group">
   Email adress
   <input type="email" class="form-control"</pre>
  name="email" placeholder="Enter e-mail">
   </div>
14
  |<div clasd="form-group">
  Password
   <input type="Password" class="form-control"</pre>
  |name="pass" placeholder="password">
19
   </div>
   <div class="checkbox">
20
   <label><input type="checkbox" name="remember">
21
   Remember me</label>
   </div>
22
   <button type="submit" class="btn</pre>
23
   btn-default">Submit</button>
24
  </form>
   </div>
25
  </body>
26
27
    </html>
```

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   </html><!DOCTYPE html>
   <html>
       <head>
           <link rel="stylesheet"</pre>
   href="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/css/bootstrap.min.css">
     <script
   src="https://ajax.googleapis.com/ajax/libs/jquery
   /3.7.1/jquery.min.js"></script>
     <script
   src="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/js/bootstrap.min.js"></script>
       </head>
       <body>
   <form method="get">
   <div class="form-group">
   <h1>Student Registration</h1>
  Email adress
12
   <input type="email" class="form-control"</pre>
13
  | name="email" placeholder="Enter e-mail">
   </div>
   <div clasd="form-group">
16
  Password
17
   <input type="Password" class="form-control"</pre>
19
  |name="pass" placeholder="password">
   </div>
20
   <div class="checkbox">
21
22
   <label><input type="checkbox" name="remember">
   Remember me</label>
23
   </div>
   <button type="submit" class="btn</pre>
24
   btn-default">Submit</button>
   </form>
25
26
   </div>
   </body>
27
   </html>
28
                                               RUN >
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```



Student Registration

Email adress		
Enter e-mail		
Password		
password		
Remember me		
Submit		

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                   CSS
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       <head>
            <link rel="stylesheet"</pre>
   href="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/css/bootstrap.min.css">
     <script
   src="https://ajax.googleapis.com/ajax/libs/jquery
   /3.7.1/jquery.min.js"></script>
   src="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/js/bootstrap.min.js"></script>
       </head>
       <body>
8
   <form method="get">
   <div class="form-group">
   <h1>Student Registration</h1>
11
12
   Enter Name
   <input type="email" class="form-control"</pre>
14
   name="email" placeholder="Enter Name">
   </div>
   <div class="form-Check">
  Phone
  <input type="Number" class="form-control"</pre>
18
  name="pass" placeholder="Number">
20
   </div>
   <div class="form-group">
21
  |Emali Address
22
23
   <input type="email" class="form-control"</pre>
   name"email" placeholder="Enter e-mail">
24
   Select class
   <select class="form-select" aria-label="Default"</pre>
25
   select example">
26
   <option selected>open this select menu</option>
27
   <option value="1">FY</option>
28
29
   <option value="1">SY</option>
30
   <option value="1">TY</option>
   <input type ="checkbox" class="form-check-input"</pre>
   id="exampleCheck">
32
   </div>
   <button type="submit" class="btn</pre>
   btn-primary">submit</button>
   </form<label class="form-check-label" >
35 </body>
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```



Student Registration

Enter Name
Enter Name
Phone
Number
Emali Address
Enter e-mail
Select class open this select menu V
submit

Code Playground

HTML

CSS

JS

OUTPUT

```
<!DOCTYPE html>
   <html>
       <head>
       <link rel="stylesheet"</pre>
   href="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/css/bootstrap.min.css">
   src="https://ajax.googleapis.com/ajax/libs/jquery
   /3.7.1/jquery.min.js"></script>
   src="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/js/bootstrap.min.js"></script>
       </head>
       <body>
8
       <div class="container"</pre>
9
            <form method="get">
10
11
            <h1>Student Registration Form</h1>
12
            <div class="form-group">
13
            Name
            <input type="text" class="form-control"</pre>
14
   name="name" placeholder="Enter Name">
15
            </div>
            <div class="form-group">
            Phone
            <input type="number" class="form-control"</pre>
   name="number" placeholder="Enter Phone">
19
            </div>
            <div class="form-group">
20
21
            Address
22
            <textarea class="form-control"
   class="form-control" name="address"
   placeholder="Enter Address"></textarea>
            </div>
23
24
            <div class="form-group">
            Email Address
25
26
            <input type="Email" class="form-control"</pre>
   name="Email" placeholder="Enter email address">
            </div>
27
28
            <div class="form-group">
            Admission year
29
            <input type="password"</pre>
   class="form-control name="pass"
   placeholder="password">
            </div>
31
32
            Date
            <input type="date" class="form-control"</pre>
   name="DOB" placeholder="Select DOB">
            </div>
34
            1 db - - C - - d
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```

← Code Playground



HTML CSS JS OUTPUT

```
29
            Admission year
            <input type="password"</pre>
30
   class="form-control name="pass"
   placeholder="password">
31
            </div>
            Date
32
            <input type="date" class="form-control"</pre>
33
   name="DOB" placeholder="Select DOB">
            </div>
34
35
            Adhar Card
            <input type="file" class="form-control"</pre>
36
   name="Adhar" placeholder="Select DOB">
            </div>
37
            <div class="form-check">
38
39
            <input class="form-check-input"</pre>
   type="radio" value="male" name="flexRadioDefult"
   id="flexRedioDefult1">
            <label class="form-check-label"</pre>
40
   for="flexRadioDefult1">
41
                Male
42
            </label>
            </div>
43
            <div class="form-check">
44
45
            <input class="form-check-input"</pre>
   type="radio" value="male" name="flexRadioDefult"
   id="flexRedioDefult1">
            <label class="form-check-label"</pre>
   for="flexRadioDefult1">
                 Famle
47
            </label>
48
            </div>
49
            <div class="form-group">
50
51
            Select class
            <select class="form-select"</pre>
52
   aria-label="Default select example">
          <option selected>Open this select menu
   option>
54
          <option value="1">FY</option>
          <option value="2">SY</option>
          <option value="3">TY</option>
56
            </select>
57
58
            </div>
59
            <button type="submit" class="btn</pre>
   btn-primary">Submit</button>
            </form>
60
            </div>
61
        </body>
62
   </html>
63
```

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Student Registration Form

Name
Enter Name
Phone
Enter Phone
Address
Enter Address
Email Address
Enter email address
Admission year
password
Date
~
dhar Card
Choose File No file chosen
Male
Famle
elect class Open this select menu ∨
Submit

← Code Playground

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OUTPUT

HTML CSS JS

```
<!DOCTYPE html>
   <html>
       <head>
           <title>Page Title</title>
4
       </head>
 5
       <body>
            <link rel="stylesheet"</pre>
   href="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/css/bootstrap.min.css">
     <script
   src="https://ajax.googleapis.com/ajax/libs/jquery
   /3.7.1/jquery.min.js"></script>
     <script
   src="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/js/bootstrap.min.js"></script>
       </body>
   </html>
12
        <form>
13
      Hobbies
      <input type="checkbox"><br>
14
      choose color
16
      DOB<input type="date"><br>
17
       birth date
      <input type="dateline-local">
19
20
  |<input type="checkbox"><br>
21
   choose
   <input type="color"><br>
22
23
  choose color
24
   <input type="date"><br>
  |birth datw
  |<input type="datetime-local"><br>
26
27
   birth time
   <input type="email"><br>
28
29
  upload resume
30
   <input type="file"><br>
31
32
   <input type="hidden"><br>
33
34
  |<input type="image"><br>
35
  |select image
   <input type="month"><br>
   select month
37
38
   <input type="number"><br>
39
  enter no
   <input type="password"><br>
40
41
   enter password
   <input type="radio"><br>
42
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```



