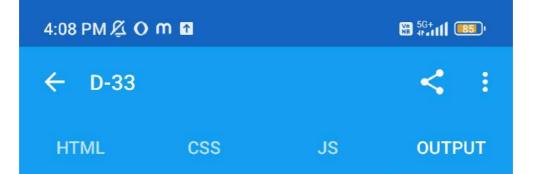
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                   CSS
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   HTML
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   <!DOCTYPE html>
   <html>
   <head>
3
     <title>Employee Form</title>
   </head>
   <body>
     <h2>Employee Information Form</h2>
     <form action="#" method="post">
       <label for="empId">Employee ID:</label><br>
       <input type="text" id="empId" name="empId"</pre>
   required><br><br>
12
       <label for="empName">Employee Name:
   label><br>
       <input type="text" id="empName"</pre>
13
   name="empName" required><br><br>
14
       <label for="empAddress">Employee Address:
   label><br>
       <textarea id="empAddress" name="empAddress"
   rows="4" cols="30" required></textarea><br><br></
17
       <label for="empPhone">Employee Phone No:
   label><br>
       <input type="tel" id="empPhone"</pre>
19
   name="empPhone" pattern="[0-9]{10}"
   required><br><br>
20
       <label for="empEmail">Employee Email:
21
   label><br>
       <input type="email" id="empEmail"</pre>
22
   name="empEmail" required><br><br>
23
24
       <input type="submit" value="Submit">
     </form>
25
26
   </body>
   </html>
27
                                                 RUN >
                        1
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```



Employee Information Form	
Employee ID:	
Employee Name:	
Employee Address:	
Employee Phone Number:	
Email ID:	