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       D16 Pizza
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34
               <label for="crust">Crust:</label>
35
               <select id="crust" name="crust">
36
37
                   <option value="thin">Thin
   option>
38
                   <option value="thick">Thick
   option>
                   <option value="stuffed">Stuffed
39
   option>
               </select><br><br>
40
41
42
               <label>Toppings:</label><br>
43
               <input type="checkbox" id="pepperoni"</pre>
   name="toppings" value="pepperoni">
44
               <label for="pepperoni">Pepperoni
   label><br>
               <input type="checkbox" id="mushroom"</pre>
45
   name="toppings" value="mushroom">
               <label for="mushroom">Mushroom
46
   label><br>
47
               <input type="checkbox" id="onion"</pre>
   name="toppings" value="onion">
               <label for="onion">Onion</label><br>
48
               <input type="checkbox"</pre>
49
   id="black-olive" name="toppings"
   value="black-olive">
50
               <label for="black-olive">Black
   Olive</label><br>
51
               <input type="checkbox"</pre>
   id="green-pepper" name="toppings"
   value="green-pepper">
               <label for="green-pepper">Green
52
   Pepper</label><br>
             </fieldset>
54
           <fieldset>
55
56
               <legend>Delivery Options</legend>
   57
               <label for="pickup">Pickup
58
   label><br>
               <input type="radio" id="delivery"</pre>
59
   name="delivery" value="delivery">
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   <!DOCTYPE html>
   <html lang="en">
3
   <head>
       <meta charset="UTF-8">
       <meta name="viewport"</pre>
   content="width=device-width, initial-scale=1.0">
       <title>Pizza Order Form</title>
   </head>
   <body>
8
       <h1>Pizza Order Form</h1>
10
11
       <form action="#" method="post">
12
           <fieldset>
13
                <legend>Customer Information</legend>
14
                <label for="name">Name:</label>
15
                <input type="text" id="name"</pre>
16
   name="name" required><br><br>
17
18
                <label for="phone">Phone:</label>
                <input type="tel" id="phone"</pre>
19
   name="phone" required><br><br>
20
                <label for="address">Address:</label>
21
                <input type="text" id="address"</pre>
22
   name="address" required><br><br>
           </fieldset>
23
24
           <fieldset>
25
26
                <legend>Pizza Details
                <label for="size">Size:</label>
27
                <select id="size" name="size">
28
                    <option value="small">Small
29
   option>
                    <option value="medium">Medium
   option>
                    <option value="large">Large
31
   option>
32
                    <option value="extra-large">Extra
   Large</option>
                </select><br><br>
33
34
35
                <label for="crust">Crust:</label>
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41
42
                <label>Toppings:</label><br>
                <input type="checkbox" id="pepperoni"</pre>
43
   name="toppings" value="pepperoni">
                <label for="pepperoni">Pepperoni
44
   label><br>
45
                <input type="checkbox" id="mushroom"</pre>
   name="toppings" value="mushroom">
                <label for="mushroom">Mushroom
46
   label><br>
47
                <input type="checkbox" id="onion"</pre>
   name="toppings" value="onion">
                <label for="onion">Onion</label><br>
48
                <input type="checkbox"</pre>
49
   id="black-olive" name="toppings"
   value="black-olive">
50
                <label for="black-olive">Black
   Olive</label><br>
51
                <input type="checkbox"</pre>
   id="green-pepper" name="toppings"
   value="green-pepper">
52
                <label for="green-pepper">Green
   Pepper</label><br>
              </fieldset>
53
54
            <fieldset>
                <legend>Delivery Options</legend>
56
57
                <input type="radio" id="pickup"</pre>
   name="delivery" value="pickup" checked>
58
                <label for="pickup">Pickup
   label><br>
                <input type="radio" id="delivery"</pre>
59
   name="delivery" value="delivery">
                <label for="delivery">Delivery
60
   label><br>
            </fieldset>
61
62
            <button type="submit">Place Order
63
   button>
64
       </form>
65
   </body>
   </html>
67
                                                 RUN >
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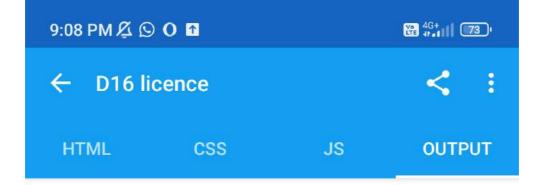


Pizza Order Form

Customer Information
Name: Himanshu Patil
Phone: 8788*****
Address: At. Zidake
Pizza Details
Size: Medium V
Crust: Stuffed ~
Toppings:
☐ Pepperoni
☐ Mushroom
✓ Onion
☐ Black Olive
☐ Green Pepper
Delivery Options
Pickup
O Delivery
Place Order

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   <!DOCTYPE html>
   <html>
   <head><link rel="stylesheet"</pre>
   href="https://maxcdn.bootstrapcdn.com/bootstrap/3
   .4.1/css/bootstrap.min.css">
     <script
4
   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>
   <title>Driving Licence Application</title>
   </head>
   <body>
   <div class="container">
10
     <h2>Driving Licence Application Form</h2>
12
13
     <form action="/submit_form" method="post"</pre>
   enctype="multipart/form-data">
14
15
       <label for="fullName">Full Name:</label><br>
       <input type="text" id="fullName"</pre>
   name="fullName"><br><br>
17
       <label for="dob">Date of Birth:</label><br>
       <input type="date" id="dob"</pre>
19
   name="dob"><br><br>
20
       <label for="address">Address:</label><br>
21
22
       <textarea id="address" name="address"
   rows="4" cols="50"></textarea><br><br>
23
24
       <label for="email">Email:</label><br>
       <input type="email" id="email"</pre>
25
   name="email"><br><br>
26
       <label for="phone">Phone Number:</label><br>
27
28
       <input type="tel" id="phone"</pre>
   name="phone"><br><br>
29
       <label for="licenseType">License Type:
30
   label><br>
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16
       <input type="text" id="fullName"</pre>
   name="fullName"><br><br>
17
       <label for="dob">Date of Birth:</label><br>
18
       <input type="date" id="dob"</pre>
19
   name="dob"><br><br>
20
       <label for="address">Address:</label><br>
21
       <textarea id="address" name="address"
22
   rows="4" cols="50"></textarea><br><br>
23
24
       <label for="email">Email:</label><br>
       <input type="email" id="email"</pre>
25
   name="email"><br><br>
26
       <label for="phone">Phone Number:</label><br>
27
       <input type="tel" id="phone"</pre>
28
   name="phone"><br>
29
       <label for="licenseType">License Type:
30
   label><br>
       <select id="licenseType" name="licenseType">
31
         <option value="learner">Learner's License
32
   option>
          <option value="driving">Driving License
33
   option>
       </select><br><br></
34
35
36
       <label for="photo">Upload Photo:</label><br>
       <input type="file" id="photo" name="photo"</pre>
37
   accept="image/*"><br><br>
38
       <label for="signature">Upload Signature:
39
   label><br>
       <input type="file" id="signature"</pre>
40
   name="signature" accept="image/*"><br><br>
41
42
       <input type="submit" value="Submit</pre>
   Application">
     </form>
43
44
   </body>
45
   </html>
46
                                                 RUN >
                        1
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         <
```



Driving Licence Application Form

Application Full Name:

Himanshu Vijay Patil

Date of Birth:

10/16/2006

Address:

At.Zidake Post.Dighashi Tal.Bhiwandi Dist.Thane

Email:

himupatil1605@gmail.com

Phone Number:

8788*****

License Type:

Driving License 🔍

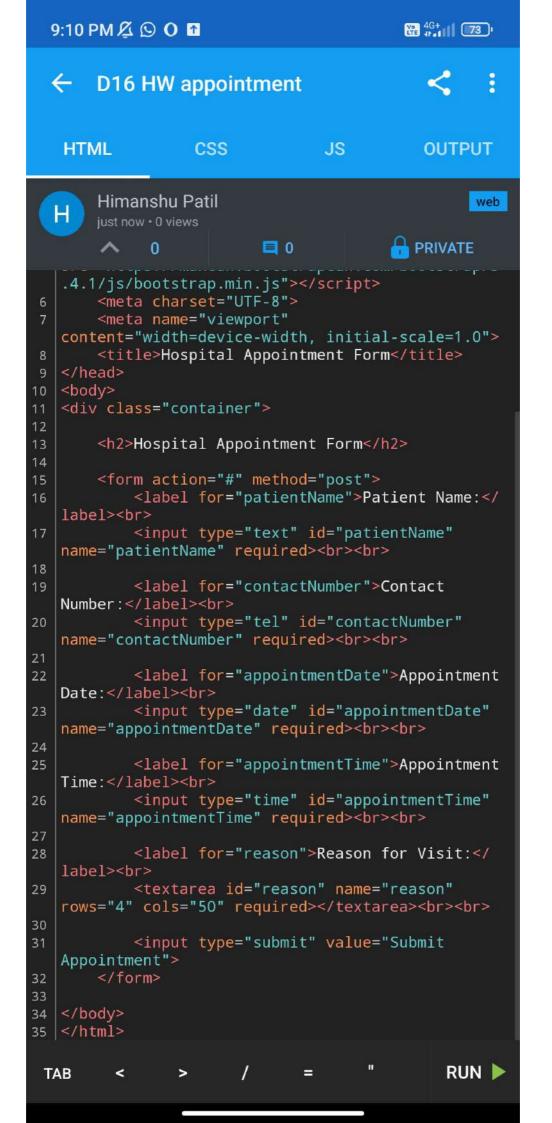
Upload Photo:

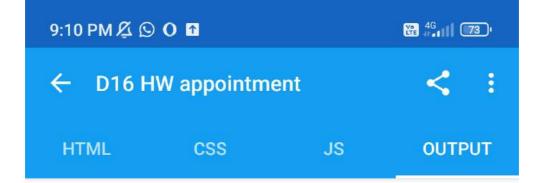
Choose File No file chosen

Upload Signature:

Choose File No file chosen

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   <!DOCTYPE html>
   <html lang="en">
   <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>
       <meta charset="UTF-8">
       <meta name="viewport"</pre>
   content="width=device-width, initial-scale=1.0">
       <title>Hospital Appointment Form</title>
   </head>
10
   <body>
   <div class="container">
12
13
       <h2>Hospital Appointment Form</h2>
14
       <form action="#" method="post">
15
           <label for="patientName">Patient Name:
   label><br>
17
           <input type="text" id="patientName"</pre>
   name="patientName" required><br><br>
19
           <label for="contactNumber">Contact
   Number:</label><br>
20
           <input type="tel" id="contactNumber"</pre>
   name="contactNumber" required><br><br>
21
22
           <label for="appointmentDate">Appointment
   Date:</label><br>
           <input type="date" id="appointmentDate"</pre>
23
   name="appointmentDate" required><br><br>
24
           <label for="appointmentTime">Appointment
25
   Time:</label><br>
26
           <input type="time" id="appointmentTime"</pre>
   name="appointmentTime" required><br><br>
27
           <label for="reason">Reason for Visit:
28
                                                RUN >
                        1
 TAB
         <
```





Hospital Appointment Form

Patient Name:	
Contact Number:	
Appointment Date:	
Appointment Time:	
Reason for Visit:	
Submit Appointment	