

Assignment -1
HTML

Student Name	Maheshkumar P
Student Roll Number	7179KCTKCTKCTKCTKCT19BIT003

index.html

```
<html>
  <head>
    <meta charset="UTF-8">
    <title> Form </title>
    <link rel="stylesheet" href="style.css">
  </head>
  <body>
    <header class="header">
      <h1>Information Form</h1>
    </header>
    <form id = "form">

      <div class="form-group">
        <label id="name-label" for="name"> Name: </label>
        <input id="name" type="text" name="name"
class="name-group" placeholder="Enter your Name" required />
      </div>

      <div>
        <label id="qualification-label" for="name">
Qualification: </label>
        <input id="qualification" type="text" name="name"
class="name-group" placeholder="Enter your Qualification" required />
      </div>

      <div>
        <label id="age-label" for="name"> Age: </label>
        <input id="age" type="number" name="name"
class="name-group" min="1" max="99" placeholder="Enter your Name"
required />
      </div>

      <div>
        <label id="email-label" for="name"> Email: </label>
        <input id="email" type="email" name="name"
class="name-group" placeholder="Enter your email" required />
      </div>
    </form>
  </body>
</html>
```

```
        </div>

        <button type="submit">Submit</button>

    </form>
</body>
</html>
```

style.css

```
body {
    display: flex;
    flex-direction: column;
    justify-content: center;
    align-items: center;
    font-family: 'Gill Sans', 'Gill Sans MT', Calibri, 'Trebuchet MS',
sans-serif;
}

header {
    text-align: center;
}

form {
    display: flex;
    flex-direction: column;
    border: 1px solid black;
    border-radius: 15px;
    width: 40%;
    background-color: black;
    color: white;
    font-family: 'Courier New', Courier, monospace;
}

form > * {
    margin: 1rem;
}

form div {
    display: flex;
    flex-direction: column;
}
```

```
form div > * {  
  margin: 5px;  
}  
  
input {  
  height: 25px;  
  border: 1px solid gray;  
  border-radius: 5px;  
}
```

Demo:

Information Form

Name:

Qualification:

Age:

Email: