

Assignment-1

HTMLANDCSS

AssignmentDate	02September2022
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StudentRollNumber	310119104077
MaximumMarks	2 Marks

Question-1:

Create a user Registration Page form with following fieldsName:

Email:M

obile:Cit

y:State:C

ountry:

Solution:

Index.HTML

```
<!DOCTYPEhtml>
```

```
<html>
```

```
  <head>
```

```
    <title>
```

```
      RegistrationForm
```

```
    </title>
```

```
    <linkrel="stylesheet"href="form.css"/>
```

```
  </head>
```

```
  <body>
```

```
    <divclass="container">
```

```
      <form>
```

```
        <h1>RegistrationForm</h1>
```

```
        <divclaas="divcontainer">
```

```
          <inputtype="name"name=""id=""placeholder="EnterName..."/>
```

```
        </div>
```

```
        <divclaas="divcontainer">
```

```
          <inputtype="email"name=""id=""placeholder="EnterEmail..."/>
```

```
        </div>
```

```
        <divclaas="divcontainer">
```

```
          <inputtype="mobile"name=""id=""placeholder="EnterMobile..."/>
```

```
        </div>
```

```
        <divclaas="divcontainer">
```

```
          <inputtype="city"name=""id=""placeholder="EnterCity..."/>
```

```
        </div>
```

```
        <divclaas="divcontainer">
```

```

        <input type="state" name="" id="" placeholder="Enter State..." />
    </div>
    <div class="divcontainerselect">
        <select>
            <option>Select a Country</option>
            <option>Afghanistan</option>
            <option>Argentina</option>
            <option>Brazil</option>
            <option>Cuba</option>
            <option>Denmark</option>
            <option>Ethiopia</option>
            <option>France</option>
            <option>Germany</option>
            <option>Hungary</option>
            <option>India</option>
            <option>Japan</option>
            <option>Korea</option>
            <option>Qatar</option>
        </select>
    </div>
    <div class="divcontainergenderbox">
        <div class="gender" id="male">
            <input type="radio" name="gender" id="male" />
            <label for="male">Male</label>
        </div>
        <div class="gender" id="female">
            <input type="radio" name="gender" id="female" />
            <label for="female">Female</label>
        </div>
    </div>
    <div class="divcontainer">
        <input type="password" name="" id="" placeholder="Enter password..." />
    </div>
    <div class="divcontainer">
        <input type="password" name="" id="" placeholder="Re-Enter password..." />
    </div>
</form>
</div>
</body>
</html>

```

Style.CSS

```
*{
  margin:0;
  padding:0;
}
body{
  width:
  100%;display
  :flex;
  align-items:
  center;justify-content:
  center;font-family:
  sans-serif;padding-top:
  100px;padding-
  bottom:100px;
}
.container{width:
  40%;
  height:
  90%;display:
  flex;
  align-items:
  center;justify-
  content:center;
}
form{
  background-image:linear-gradient(to bottom right,white,blue);width:65%;
  padding-left:
  60px;padding-right:
  40px;padding-top:
  40px;padding-bottom:
  40px;border-
  radius:20px;
  box-shadow:10px10px20pxrgba(98,98,98,0.24), -10px-10px20pxrgba(111,110,110,
0.322);
  border-top:10pxsolid#ec0772;
}
formh1{
  text-align:
  center;font-family:
  sans-serif;margin-
  bottom:30px;
}
.divcontainer{
  border: 1px solid rgba(0, 0, 0,
0.645);display:flex;
  align-items:
  center;justify-content:
```

```
flex-start;margin-  
bottom:30px;
```

```

        padding:4px10px;
    }
    .divcontainer
        input{width:85%;
        height:
        99%;padding-top:5px;
        padding-bottom:
        5px;padding: 4px
        10px;border:none;ou
        tline:none;
        font-size:17px;
    }
    .checkbox{border
        :none;
    }
    .divcontainer
        select{width:
        100%;padding:10
        px;
    }
    .select{
        padding:
        0;border:none;
    }
    select{
        font-size:16px;
    }
    select
        option{font-
        size:15px;
    }
    .gender{displa
        y:flex;
        align-items:
        center;justify-content:
        center;margin:010px;
    }
    .genderbox{bord
        er:none;
        margin-left:-18px;
    }
    .gender
        input{margin-
        right:3px;
    }

```

Registration Form

Enter Name...

Enter Email...

Enter Mobile...

Enter City...

VINIOTH KUMAR .S 310119104088

Enter State...

Select a Country ▼

☐ Male ☐ Female

Enter password...

Re-Enter password...