**Assignment -1**

|  |  |
| --- | --- |
| Assignment Date |  |
| Student Name |  |
| Student Roll Number |  |
| Maximum Marks |  |

**Question-1:**

Create html file

1 . 4 input boxes

* Name
* Qualification
* Age
* Email
* Submit button

<!DOCTYPE html>

<html>

<body>

<h1>My First Heading</h1>

<p>My first paragraph.</p>

<form>

<form action=”#”>

<fieldset>

<legend>Personal Details</legend>

<p>

<label>First name : <input name=”firstName” /></label>

</p>

<p>

<label>Last name : <input name=”lastName” /></label>

</p>

<p>

Document.createComment()

<style>

Table, th, td {

Border:1px solid black;

}

</style>

<body>

<h2>TH elements define table headers</h2>

<table style=”width:100%”>

<tr>

<th>1</th>

<th>2</th>

<th>3</th>

</tr>

<tr>

<td> Chrome</td>

<td>Edge</td>

<td>IE</td>

</tr>

<tr>

<td>Yes</td>

<td>Yes</td>

<td>9-11</td>

</tr>

</table><br>

<label>Date of Birth : <input type=”date” name=”birthDate”></label><br><br>

<label for=”email”>Email:</label>

<input type=”email” id=”email” name=”email” autocomplete=”off”><br><br>

<input type=”submit” value=”Submit”>

</form>

</form>

</body>

</html>

