

SPRINT-4

Team ID	PNT2022TMID02852
Project Name	SMART FASHION RECOMMENDER APPLICATION

Feedback.html:

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
<style>
  *{
    box-sizing: :border-box;
  }
  body{
    background-color: #CFF5E7;
  }
  h2{
    color: red;
    font-family: sans-serif;
    font-size: xx-large;
  }
  input[type=text],select,textarea{
    width: 100%;
    padding: 12px;
    border: 1px solid red;
    color: grey;
    border-radius: 4px;
```

```
        resize: vertical;
    }
input[type=email],select,textarea{
    width: 100%;
    padding: 12px;
    border: 1px solid red;
    color:grey;
    border-radius: 4px;
    resize: vertical;
}
label{
    padding: 12px 12px 12px 0;
    display: inline-block;
}
input[type=submit]{
    background-color: red;
    color:black;
    padding: 12px 20px;
    border none;
    border-radius: 4px;
    cursor: pointer;
    float: right;
}
input[type=submit]:hover{
    background-color: white;
}
.container{
    border-radius: 5px;
    background-color:#CFF5E7;
    color: yellowgreen;
    padding: 20px;
}
```

```
.col-25{
    float: left;
    width:25%;
    margin-top: 6px;
    font-size: larger;
    font-family: sans-serif;
    font-weight:bold;
}
.col-75{
    float:left;
    width: 75%;
    margin-top: 6px;
    color:grey;
}
.row:after{
    content:"";
    display:table;
    clear:both;
}
</style>
</head>
<body>
    <center>
    <h2>FEEDBACK FORM</h2>
    </center>
    <div class="container">
        <form>
            <div class="row">
                <div class="col-25">
                    <label for="fname">FIRST NAME</label>
                </div>
                <div class="col-75">
```

```
        <input type="text" id="fname" name="firstname" placeholder="Enter Your
name ">
    </div>
</div>
<div class="row">
    <div class="col-25">
        <label for="lname">LAST NAME</label>
    </div>
    <div class="col-75">
        <input type="text" id="lname" name="lastname" placeholder="Enter your last
name">
    </div>
</div>
<div class="row">
    <div class="col-25">
        <label for="email">MAIL ID</label>
    </div>
    <div class="col-75">
        <input type="email" id="email" name="mailid" placeholder="Enter your mail
id">
    </div>
</div>
<div class="row">
    <div class="col-25">
        <label for="country">COUNTRY</label>
    </div>
    <div class="col-75">
        <select id="country" name="country">
            <option value="none">Select Country</option>
            <option value="Australia">Australia</option>
            <option value="Canada">Canada</option>
            <option value="USA">USA</option>
            <option value="Russia">Russia</option>
```

```

        <option value="Japan">Japan</option>
        <option value="India">India</option>
        <option value="China">China</option>
    </select>
</div>
</div>
<div class="row">
    <div class="col-25">
        <label for="feed_back">FEEDBACK</label>
    </div>
    <div class="col-75">
        <textarea id="subject" name="subject" palceholder="Write something.."
style="height: 200px; color: grey"></textarea>
    </div>
</div>
<div class="row">
    <input type="submit" value="Submit">
</div>
</form>
</div>
</body>
</html>

```

OUTPUT:

FEEDBACK FORM

FIRST NAME

LAST NAME

MAIL ID

COUNTRY

FEEDBACK

Enter Your name

Enter your last name

Enter your mail id

Select Country

Submit