

Assignment -1

HTML

Assignment Date	3 September 2022
Student Name	Sahaya Jemi Selsa J
Student Roll Number	960519106057
Maximum Marks	2 Marks

Question-I:

Write a to create a Registration form with following fields

Name:

Email:

Mobile:

City:

State:

Country:

index.html

styles.css

script.js

```
<!DOCTYPE html>
<html>
  <head>
    <title> Registration Form</title></title>
  </head>
  <p> Please enter your detail :</p>
  <form>
    <label for ="name"> Name:</label>
    <input type ="text" name ="name" id="name"
placeholder ="Enter Name"
    <br />
    <br />
    <br />
    <label for="email"> E-mail:</label>
    <input type="text" name="email" id="email"
placeholder="Enter your email "
    <br />
    <br />
    <br />
    <label for="mobile">Mobile :</label>
    <input type="text" name="phno" id="number"
placeholder="Enter your number"
```

```
placeholder="Enter your number"  
<br/>  
<br/>  
<br/>  
<label for="city">City:</label>  
<input type="text" name="city" id="city"  
placeholder="Enter your city"  
<br/>  
<br/>  
<br/>  
<label for="state ">State :</label>  
<input type="text" name="state " id="state"  
placeholder="Enter your state"  
<br/>  
<br/>  
<br/>  
<label for="country">Country:</label>  
<input type="text" name="country" id="country"  
placeholder="Enter your country"  
</body>  
</html>
```

Please enter your detail :

Name:

E-mail:

Mobile :

City:

State :

Country:

index.html

styles.css

script.js

3yhrreyf3

NEW

HTML

RUN

⋮

🔗

```
1 <!DOCTYPE html>
2 <html>
3 <head>
4 <title> Registration Form</title></title>
5 </head>
6 <p> Please enter your detail :</p>
7 <form>
8 <label for ="name"> Name:</label>
9 <input type ="text" name ="name" id="name"
10 placeholder ="Enter Name"
11 <br/>
12 <br/>
13 <br/>
14 <label for="email"> E-mail:</label>
15 <input type="text" name="email" id="email"
16 placeholder="Enter your email "
17 <br/>
18 <br/>
19 <br/>
20 <label for="mobile">Mobile :</label>
21 <input type="text" name="phno" id="number"
22 placeholder="Enter your number"
23 <br/>
24 <br/>
25 <br/>
26 <label for="city">City:</label>
27 <input type="text" name="city" id="city">
```

Please enter your detail :

Name: E-mail: Mobile : City: State : Country:

NEW

HTML

RUN

```
17 </div>
18 <br/>
19 <br/>
20 <label for="mobile">Mobile :</label>
21 <input type="text" name="phno" id="number"
22 placeholder="Enter your number"
23 <br/>
24 <br/>
25 <br/>
26 <label for="city">City:</label>
27 <input type="text" name="city" id="city"
28 placeholder="Enter your city"
29 <br/>
30 <br/>
31 <br/>
32 <label for="state ">State :</label>
33 <input type="text" name="state " id="state"
34 placeholder="Enter your state"
35 <br/>
36 <br/>
37 <br/>
38 <label for="country">Country:</label>
39 <input type="text" name="cointry" id="country"
40 placeholder="Enter your country"
41 </body>
42 </html>
43
```

Please enter your detail :

Name:

E-mail:

Mobile :

City:

State :

Country: