ASSIGNMENT 2

PROJECT NAME	INVENTORY MANAGEMENT SYSTEM FOR RETAILERS
NAME	C.SRIVANI
ROLL NO	4211191031057
TEAM ID	PNT2022TMID10787

PROGRAM 1:

form>

    <table>

       <tr>

          <td>

             <label for="uname">Name</label>

          </td>

          <td>

             <input type="text" id="uname" name="username">

          </td>

       </tr>

       <tr>

          <td>

```html
        <label for="uemail">Email</label>

      </td>

      <td>

        <input type="text" id="uemail" name="usermail">

        <button type="button">Check</button>

      </td>

    </tr>

    <tr>

      <td>

        <label for="age">Age</label>

      </td>

      <td>

        <input type="text" name="userage" id="age" size="2"
maxlength="2">

      </td>

    </tr>

    <tr>
```

```html
    <td>

        <label>Country</label>

    </td>

    <td>

        <input type="text" value="India" name="country" disabled>

    </td>

</tr>

<tr>

    <td>

            <label for="pass">Password</label>

    </td>

    <td>

            <input type="password" id="pass">

    </td>

</tr>

<tr>

    <td>
```

```html
      <label for="res">Resume</label>

    </td>

    <td>

      <input type="file" id="res">

    </td>

  </tr>

  <tr>

    <td>

      <label>Hobbies</label>

    </td>

    <td>

      <label>

        <input type="checkbox" checked> Cricket

      </label>

      <label>

        <input type="checkbox"> Football

      </label>
```

```html
        </td>

      </tr>

      <tr>

        <td>

          <label>Gender</label>

        </td>

        <td>

          <label>

            <input type="radio" value="f" name="gender">
Female</label>

            <label>

            <input value="m" type="radio" name="gender">
Male</label>

          </td>

      </tr>

      <tr>

        <td>

            <label for="city">City</label>
```

```html
</td>

<td>

    <select id="city" name="city">

        <option disabled selected>--Choose City--</option>

            <optgroup label="Metros">

                <option>New Delhi</option>

                <option>Mumbai</option>

                <option>Chennai</option>

                <option>Kolkata</option>

            </optgroup>

            <optgroup label="Others">

                <option>Noida</option>

                <option>Gurgram</option>

                <option>Faridabad</option>

                <option>Gaziabad</option>

            </optgroup>

    </select>
```

```html
        </td>

    </tr>

    <tr>

      <td>

        <label>Address</label>

      </td>

      <td>

        <textarea rows="4" cols="40"></textarea>

      </td>

    </tr>

    <tr>

      <td></td>

      <td>

        <input type="submit" value="Submit">

        <input type="reset">

      </td>

    </tr>
```

</table>

</form>

OUTPUT:

Name	srivani
Email	abc@gmail.com [Check]
Age	23
Country	India
Password	••••••
Resume	Choose File No file chosen
Hobbies	☐ Cricket ☑ Football
Gender	⦿ Female ○ Male
City	New Delhi ⌄
Address	
	Submit Reset

PROGRAM 2:

index - Notepad

File Edit Format View Help

```html
<html>
<head><link href="style.css" rel="stylesheet">
</head>
<title>wcc</title>
</body>
<h2>sumitha,srivani,sweda dharshini,suvetha,Tharunika</h2>
</body>
</html>
```

style - Notepad

File Edit Format View Help

```css
h2{color:black;}
```

OUTPUT:

file:///C:/Users/ELCOT/OneDrive/Documents/flask/.html

sumitha,srivani,sweda dharshini,suvetha,Tharunika

PROGRAM 3:

```
from flask import Flask


app = Flask(__name__)



@app.route("/team")

def course():

    return """

<h1>TEAM MEMBER</h1>

<table border='1'>

<caption> TEAM DETIALS </caption>

<thead>

<th>First Name</th>

<th>Last Name</th>

</thead>
```
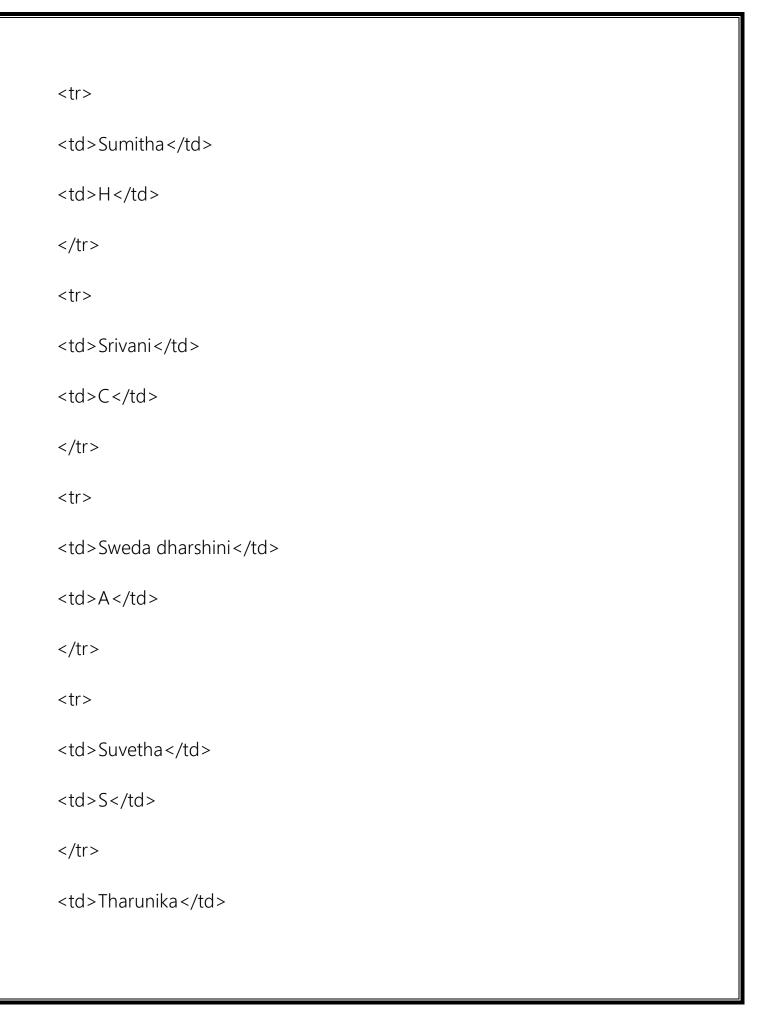
```html
<tr>

<td>Sumitha</td>

<td>H</td>

</tr>

<tr>

<td>Srivani</td>

<td>C</td>

</tr>

<tr>

<td>Sweda dharshini</td>

<td>A</td>

</tr>

<tr>

<td>Suvetha</td>

<td>S</td>

</tr>

<td>Tharunika</td>
```

```
<td>B.M</td>

</tr>

<tr>

</table>"""

if __name__ == "__main__":

    app.run(debug=True)
```

OUTPUT:

TEAM MEMBER

TEAM DETIALS

First Name	Last Name
Sumitha	H
Srivani	C
Sweda dharshini	A
Suvetha	S
Tharunika	B.M