

SPRINT 1
REGISTER_PHASE.HTML_CSS

Date	08 November 2022
Team ID	PNT2022TMID16704
Project Name	Project - IoT based safety gadget for Child Safety Monitoring and Notification
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TEAM MEMBERS	JEEVA JEEVA PRASANTH MONICKRAJA

PROGRAM:

```
<!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">
  <title>Registration_page</title>
  <style>
body{
margin: 0%;

}
.box{
```

```

        font-family: Cambria, Cochin, Georgia, Times, 'Times New Roman',
serif;
        padding: 34px;
        text-align: center;
    }
    .texts{
padding: 12px;
border-radius: 23px;
position: relative;
left: 80px;
    }
    .text{
padding: 12px;
border-radius: 23px;
position: relative;
left: 55px;
    }
    .text1{
padding: 12px;
border-radius: 23px;
position: relative;
left: -9px;
    }
    .text2{
padding: 12px;
border-radius: 23px;
position: relative;
left: 10px;
    }
#form{
        background-color: antiquewhite;
height: 450px;
width: 450px;
margin: 34px 500px;
padding:
34px;
border-radius: 45px;

    }
    .button{
position: relative;
right: -180px;

        width:
100px;
height: 35px;
background-color: azure;
align-items: center;
font-size: 22px;
    }
</style>
</head>
<body>
    <form id="form">
        <div class="input-wrapper">
            <h1 style="text-align:center">Registration Page</h1>
            <label for="email" class="box">E-mail</label>
            <input type="text" class="texts" placeholder="Type your E-mail"
required><br><br>
            <label for="name" class="box">Username</label>
            <input type="text" class="text" placeholder="Type your username"
required><br><br>
            <label for="password" class="box">Password</label>

```

```
        <input type="password" class="text" placeholder="Type your password"
required><br><br>
        <label for="confirm-password" class="box">Confirm-password</label>
<input type="password" class="text1" placeholder="Confirm your password"
required><br><br>
        <label for="phn-no" class="box">Mobile number</label>
        <input type="number" class="text2" placeholder="type your
phonenumber" required><br><br><br>
        <input type="button" class="button" value="submit">
```

```
</div>
</form>
```

```
</body>
</html>
```