

ASSIGNMENT-2

PROJECT NAME	CUSTOMER CARE REGISTRY
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1. HTML CODE:

```
<!DOCTYPE
html>

    <html>
    <head>
        <title>Table</title>
        <link rel="stylesheet" href="table.css">
    </head>
    <body>
    <h1><p align="center"><b>FORM</b></p></h1>
        <center>
            <table border="4">
                <thead>
                    <tr>
                        <th>First Name</th>
                        <td><input type="text" name="fname"
id="fname"></td>
                    </tr>
                </thead>
                <tbody>
                    <tr>
                        <th>Last Name</th>
                        <td><input type="text" name="lname"
id="lname"></td>
                    </tr>
                    <tr>
                        <th>Gender</th>
                        <td><input type="radio" name="gender"
id="gender" value="None">None
                        <input type="radio" name="gender" id="gender"
value="Male">Male
                        <input type="radio" name="gender" id="gender"
value="Female">Female
                        <input type="radio" name="gender" id="gender"
value="Others">Others</td>
```

```

        </tr>
    <tr>
        <th>Department</th>
        <td><select name="DEPT" id="dept">
            <option value="NONE">NONE</option>
            <option value="CSE">CSE</option>
            <option value="IT">IT</option>
            <option value="ECE">ECE</option>
            <option value="EEE">EEE</option>
            <option value="CIVIL">CIVIL</option>
            <option value="MECHANICAL">MECHANICAL</option>
        </select></td>
    </tr>

    <tr>
        <th>Email</th>
        <td><input type="email" name="email"
id="email"></td>
    </tr>

    <tr>
        <th>Password</th>
        <td><input type="password"
name="password" id="password"></td>
    </tr>

    <tr>
        <th>Age</th>
        <td><input type="text" name="age"
id="age"></td>
    </tr>

    <tr>
        <th>Address</th>
        <td><textarea
id="address"></textarea></td>
    </tr>

    <tr id="btna">
        <td colspan="2"><input type="button"
name="button" id="btn" value="Add" onclick="AddRow()"></td>
    </tr>

    <tr>
        <td><a href="copage.html" target="_default"><button
>SUBMIT</button>
        </td>
    </tr>
</tbody>

```

```

</table>

<table border="4" id="show">
    <thead>
        <tr>
            <th>First Name</th>
            <th>Last Name</th>
            <th>Gender</th>
            <th>Department</th>
            <th>Email</th>
            <th>Password</th>
            <th>Age</th>
            <th>Address</th>
        </tr>
    </thead>
</table>
</center>

<script>

    var list1 = [];
    var list2 = [];
    var list3 = [];
    var list4 = [];
    var list5 = [];
    var list6 = [];
    var list7 = [];
    var list8 = [];

    var n = 1;
    var x = 0;

    function AddRow(){

        var AddRown = document.getElementById('show');
        var NewRow = AddRown.insertRow(n);

        list1[x] = document.getElementById("fname").value;
        list2[x] = document.getElementById("lname").value;
        list3[x] = document.getElementById("gender").value;
        list4[x] = document.getElementById("dept").value
        list5[x] = document.getElementById("email").value;
        list6[x] = document.getElementById("password").value;
        list7[x] = document.getElementById("age").value;
        list8[x] = document.getElementById("address").value;
    }

```

```

        var cel1 = NewRow.insertCell(0);
        var cel2 = NewRow.insertCell(1);
        var cel3 = NewRow.insertCell(2);
        var cel4 = NewRow.insertCell(3);

var cel5 = NewRow.insertCell(4);
var cel6 = NewRow.insertCell(5);
var cel7 = NewRow.insertCell(6);
var cel8 = NewRow.insertCell(7);

        cel1.innerHTML = list1[x];
        cel2.innerHTML = list2[x];
        cel3.innerHTML = list3[x];
        cel4.innerHTML = list4[x];
cel5.innerHTML = list5[x];
cel6.innerHTML = list6[x];
cel7.innerHTML = list7[x];
cel8.innerHTML = list8[x];

        n++;
        x++;
    }

```

</script>

</body>

</html>

OUTPUT:

FORM

First Name	<input type="text"/>
Last Name	<input type="text"/>
Gender	<input type="radio"/> None <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others
Department	NONE <input type="button" value="v"/>
Email	<input type="text"/>
Password	<input type="text"/>
Age	<input type="text"/>
Address	<input type="text"/>
<input type="button" value="Add"/>	
<input type="button" value="SUBMIT"/>	

First Name	Last Name	Gender	Department	Email	Password	Age	Address
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2.CO-PAGE CODE:

```
<!DOCTYPE html>
<html>
<head>
    <title>Successful</title>
</head>
<body style="background-color:blue;">
<h1 align="center"><b>Your Data Has Been Stored And Registered
Successfully!!</b></h1>
</body>
</html>
```

OUTPUT:



3.CSS CODE:

```
table{
    margin-top: 50px;
    text-align: center;
    background: red;
    color: #fff;
}

#show th, #show td{
    padding: 13px;
}

#btna td input{
    width: 100%;
}
```

OUTPUT:

FORM

First Name	<input type="text"/>
Last Name	<input type="text"/>
Gender	<input type="radio"/> None <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others
Department	<div>NONE</div>
Email	<input type="text"/>
Password	<input type="password"/>
Age	<input type="text"/>
Address	<input type="text"/>
Add	
SUBMIT	

First Name	Last Name	Gender	Department	Email	Password	Age	Address
------------	-----------	--------	------------	-------	----------	-----	---------