<p align="center">**ASSIGNMENT-2**</p>

PROJECT NAME	CUSTOMER CARE REGISTRY
NAME	S. SHARMA
ROLL NO	4211191031054
TEAM ID	PNT2022TMID10783

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>
```

```html
                                        </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>
```

```html
            </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;
```

```javascript
                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>
```
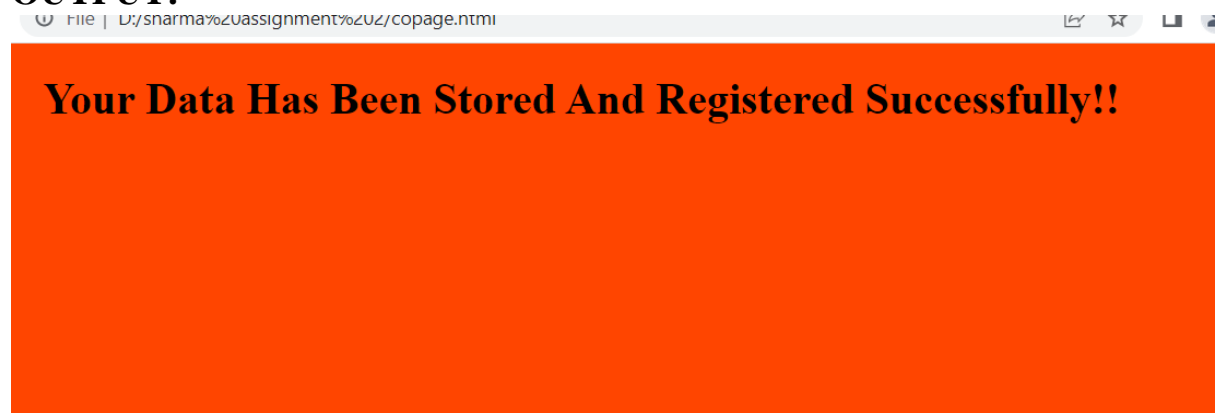
OUTPUT:

FORM

First Name	
Last Name	
Gender	○ None ○ Male ○ Female ○ Others
Department	NONE ⌄
Email	
Password	
Age	
Address	
Add	
SUBMIT	

First Name	Last Name	Gender	Department	Email	Password	Age	Address

2.CO-PAGE CODE:

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

OUTPUT:

3.CSS CODE:

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

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

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

File | D:/sharma%20assignment%202/ibm.html

FORM

First Name	
Last Name	
Gender	○ None ○ Male ○ Female ○ Others
Department	NONE
Email	
Password	
Age	
Address	
Add	
SUBMIT	

First Name	Last Name	Gender	Department	Email	Password	Age	Address