ASSIGNMENT-2

PROJECT NAME	CUSTOMER CARE REGISTRY	
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TEAM ID		

1. HTML CODE:

```
<!DOCTYPE
html>
          <html>
          <head>
                <title>Table</title>
                <link rel="stylesheet" href="table.css">
          </head>
          <body>
          <h1><b>FORM</b></h1>
                <center>
                      <thead>
                                   First Name
                                         <input type="text" name="fname"
          id="fname">
                                   </thead>
                             Last Name
                                         <input type="text" name="lname"
          id="lname">
                                   Gender
                                         <input type="radio" name="gender"
          id="gender" value="None">None
                              <input type="radio" name="gender" id="gender"</pre>
          value="Male">Male
                              <input type="radio" name="gender" id="gender"</pre>
          value="Female">Female
                              <input type="radio" name="gender" id="gender"</pre>
          value="Others">Others
```

```
Department
                       <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>
                   Email
                       <input type="email" name="email"
id="email">
                   Password
                       <input type="password"
name="password" id="password">
                   Age
                       <input type="text" name="age"
id="age">
                   Address
                       area
<input type="button"
<a href="copage.html" target="_default"><button
>SUBMIT</button>
```

```
<thead>
                  First Name
                         Last Name
           Gender
           Department
                         Email
           Password
                         Age
           Address
                  </thead>
      </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	
Last Name	
Gender	O None O Male O Female O Others
Department	NONE •
Email	
Password	
Age	
Address	14
Add	
SUBMIT	

First Name Last Name Gender Department Email Password Age Address

3.CSS CODE:

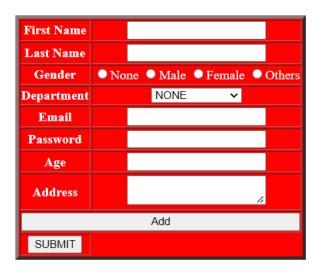
```
table{
    margin-top: 50px;
    text-align: center;
    background: red;
    color: #fff;
}

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

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

OUTPUT:

FORM



Name Last Name G	ender Department E	Cmail Password Age	Address
------------------	--------------------	--------------------	---------