Assignment-05-09-22

<input type="button">
 <input type="checkbox">
 <input type="text">
 <input type="submit">
 <input type="password">
 <input type="email">
 </input type="email">
 <input type="email">

<u>Answer:</u>

- <input type="color">
- <input type="date">
- <input type="datetime-local">
- <input type="file">
- <input type="hidden">
- <input type="image">
- <input type="month">
- <input type="number">
- <input type="radio">
- <input type="range">
- <input type="reset">
- <input type="search">
- <input type="tel">
- <input type="time">
- <input type="url">
- <input type="week">
- 2. Create a user registration page form with following fields

Name: Email: Mobile: City: State: Country:

Answer:

```
<!DOCTYPE html>
<html>
 <head>
  <title>Registration form</title>
 </head>
 <body>
  <form name="registration_form">
   <label for="name">Name:</label>
   <input type="text" id="name" placeholder="Enter your name" />
   <br /><br />
   <label for="email">Email:</label>
   <input type="email" id="email" placeholder="Enter your Email-ID" />
   <br /><br />
   <label for="number">Mobile number:</label>
   <input type="tel" id="number"placeholder="Enter your mobile number"
   pattern="[0-9]{10}"/>
   <br /><br />
   <label for="city">City:</label>
   <input type="text" id="city" placeholder="Enter your city" />
   <br /><br />
   <label for="state">State:</label>
   <input type="text" id="state" placeholder="Enter your state" />
   <br /><br />
   <label for="country">Country:</label>
   <input type="text" id="country" placeholder="Enter your country" />
   <br /><br />
   <input type="submit" value="Submit" />
  </form>
 </body>
</html>
```

OUTPUT:

