

**SPRINT 1**  
**REGISTER\_PHASE.HTML\_CSS**

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|--------------|--|
| Date         | 08 November 2022   |
| Team ID      | PNT2022TMID17163   |
| Project Name | Project - IoT based safety gadget for Child Safety Monitoring and Notification |
| TEAM LEADER  | AISHWARIYA S   |
| TEAM MEMBERS | ABIRAMI R<br>ABITHA G<br>ANNA POORANI M<br>HARSITA K                           |

**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 phone-
number" required><br><br><br>
        <input type="button" class="button" value="submit">
```

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

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