#### **ASSIGNMENT – 1**

# SUBMITTED BY, V.TERISH BABU

#### BACHELOR OF ENGINEERING IN COMPUTER SCIENCE

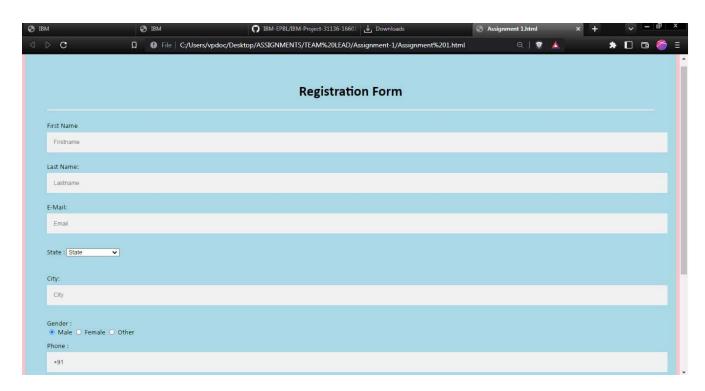
### **CODING:**

```
<!DOCTYPE html>
<html>
<head>
<meta name="viewport" content="width=device-width, initial-scale=1">
<style>
body{
 font-family: Calibri, Helvetica, sans-serif;
 background-color: pink;
.container {
  padding: 50px;
background-color: lightblue;
input[type=text], input[type=password], textarea {
 width: 100%;
 padding: 15px;
 margin: 5px 0 22px 0;
 display: inline-block;
 border: none;
 background: #f1f1f1;
input[type=text]:focus, input[type=password]:focus {
 background-color: orange;
 outline: none;
div {
       padding: 10px 0;
hr {
 border: 1px solid #f1f1f1;
 margin-bottom: 25px;
.registerbtn {
 background-color: #4CAF50;
 color: white:
```

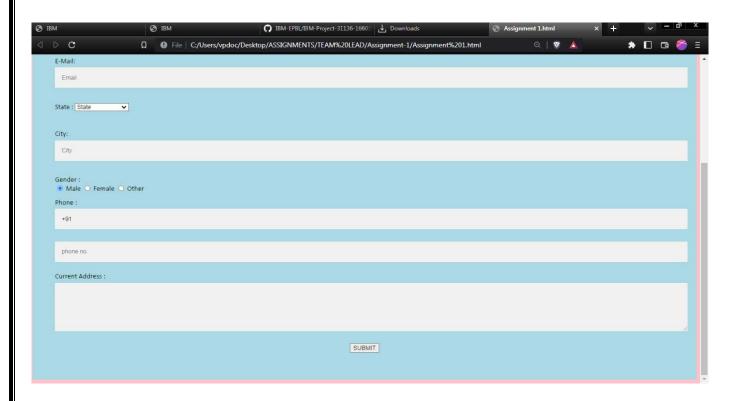
```
padding: 16px 20px;
 margin: 8px 0;
 border: none;
 cursor: pointer;
 width: 100%;
 opacity: 0.9;
}
.registerbtn:hover {
 opacity: 1;
</style>
</head>
<body>
<form>
 <div class="container">
 <center> <h1>Registration Form</h1> </center>
 <hr>
 <label> First Name </label>
<input type="text" name="firstname" placeholder= "Firstname" size="15"</pre>
required />
<label> Last Name: </label>
<input type="text" name="lastname" placeholder="Lastname" size="15"</pre>
required />
<label> E-Mail: </label>
<input type="text" name="emaill" placeholder="Email" size="15"required />
<div>
<label>
State:
</label>
<select>
<option value="State">State</option>
<option value="tn">Tamil Nadu</option>
<option value="ke">Kerala</option>
<option value="ap">Andhra Pradesh</option>
<option value="tel">Telangana</option>
<option value="del">Delhi</option>
<option value="kar">Karnataka</option>
</select><br><br><br>
<label> City: </label>
<input type="text" name="city" placeholder="City" size="15"required />
<div>
<label>
Gender:
</label><br>
<input type="radio" value="Male" name="gender" checked > Male
<input type="radio" value="Female" name="gender"> Female
```

```
<input type="radio" value="Other" name="gender"> Other
</div>
<label>
Phone:
</label>
<input type="text" name="country code" placeholder="Country Code"</pre>
value="+91" size="2"/>
<input type="text" name="phone" placeholder="phone no." size="10"/</pre>
required>
Current Address:
<textarea cols="80" rows="5" placeholder="Current Address" value="address"
required>
  </textarea>
  <center>
   <input type="button" placeholder="SUBMIT" value = "SUBMIT"/>
 </div>
 </div>
 </form>
 </body>
 </html>
```

## **OUTPUT SCREENSHOTS:**



**FIG.1.1** 



**FIG.1.2**