ASSIGNMENT – 1

CODING:

```html
<!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;
```

```html
        }
        .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"
required />
<label> Last Name: </label>
<input type="text" name="lastname" placeholder="Lastname" size="15"
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"
value="+91" size="2"/>
```

```html
<input type="text" name="phone" placeholder="phone no." size="10"/
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>
```