

ASSIGNMENT-1

TIME TABLE

PROGRAM:

```
<!DOCTYPE html>

<html>

<head>

<title>Time Table</title>

</head>

<body>

<h4>VI semester</h4>

<table border="1">

<tr>

<th>Day/Period</th>

<th>9.00-9.50</th>

<th>9.50-10.40</th>

<th>10.50-11.40</th>

<th>11.40-12.30</th>

<th>1.30-2.20</th>

<th>2.20-3.10</th>

<th>3.20-4.05</th>

<th>4.05-4.50</th>

</tr>

<tr>

<td>Monday</td>

<td>CS8651</td>

<td>CS8601</td>

<td>CS8602</td>

<td>CS8603</td>

<td COLSPAN="2">HS8581</td>

<td>IT8076</td>

<td>PT</td>
```

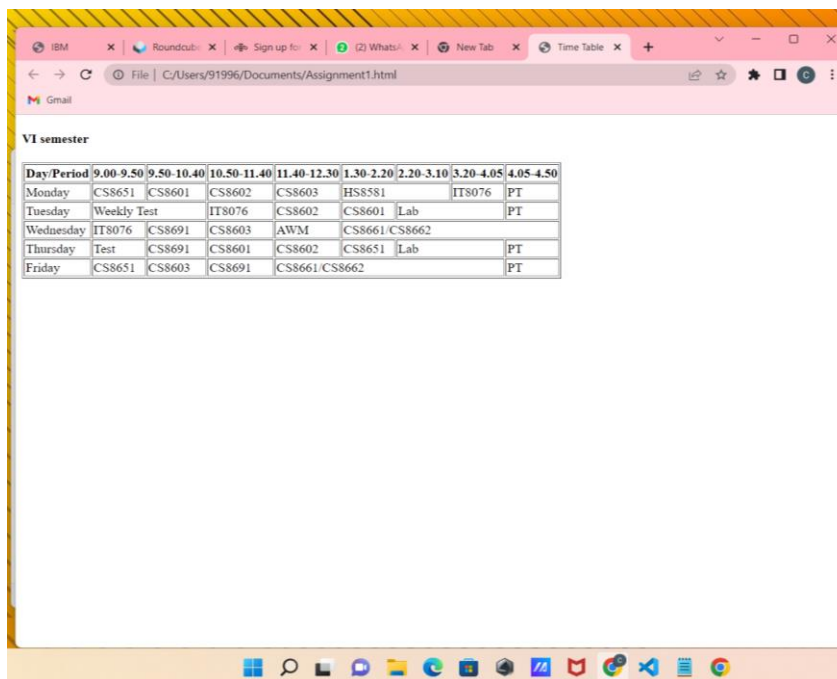
```
</tr>
<tr>
<td>Tuesday</td>
<td colspan="2">Weekly Test</td>
<td>IT8076</td>
<td>CS8602</td>
<td>CS8601</td>
<td COLSPAN="2">Lab</td>
<td>PT</td>
</tr>
<tr>
<td>Wednesday</td>
<td>IT8076</td>
<td>CS8691</td>
<td>CS8603</td>
<td>AWM</td>
<td COLSPAN="4">CS8661/CS8662</td>
</tr>
<tr>
<td>Thursday</td>
<td>Test</td>
<td>CS8691</td>
<td>CS8601</td>
<td>CS8602</td>
<td>CS8651</td>
<td colspan="2">Lab</td>
<td>PT</td>
</tr>
<tr>
<td>Friday</td>
<td>CS8651</td>
```

```

<td>CS8603</td>
<td>CS8691</td>
<td colspan="4">CS8661/CS8662</td>
<td>PT</td>
</tr>
</table>
</body>
</html>

```

OUTPUT



VI semester

Day/Period	9.00-9.50	9.50-10.40	10.50-11.40	11.40-12.30	1.30-2.20	2.20-3.10	3.20-4.05	4.05-4.50
Monday	CS8651	CS8601	CS8602	CS8603	HS8581		IT8076	PT
Tuesday	Weekly Test		IT8076	CS8602	CS8601	Lab		PT
Wednesday	IT8076	CS8691	CS8603	AWM	CS8661/CS8662			
Thursday	Test	CS8691	CS8601	CS8602	CS8651	Lab		PT
Friday	CS8651	CS8603	CS8691	CS8661/CS8662				PT

REGISTRATION WEBPAGE USING HTML,CSS AND JS

PROGRAM:

```
<html>

<head>

<title>form</title>

<script>

function myFunction() {

    var x = document.getElementById("fname").value;

    var y = document.getElementById("lname").value;

    var rn = document.getElementById("ronum").value;

    var d = document.getElementById("dept").value;

    var yr = document.getElementById("year").value;

    var dob = document.getElementById("dbirth").value;

    var gdr = document.getElementById("gndr").value;

    var mnum = document.getElementById("num").value;

    var mid = document.getElementById("mail").value;

    var lknwn = document.getElementById("lang").value;

    var p =0;

    if(x == "" )

    {

        alert("Please provide your first name");

        document.getElementById.fname.focus();

    }

    if(y == "")

    {

        alert("Please provide your last name");

        document.getElementById.lname.focus();

    }

}
```

```
if(rn == "")
{
    alert("Please provide your roll number");
    document.getElementById.ronum.focus();
}
if(d == "")
{
    alert("Please provide your department");
    document.getElementById.dept.focus();
}
if(mid == "")
{
    alert("Please provide your email");
    document.getElementById.mail.focus();
}
if(mnum == "")
{
    alert("Please provide your mobile number");
    document.getElementById.num.focus();
}
if(gdr == "")
{
    alert("Please provide your gender");
    document.getElementById.gndr.focus();
}
if(yr == "")
{
    alert("Please provide your year of study");
    document.getElementById.year.focus();
}
```

```

    }
    if(dob == "")
    {
        alert("Please provide your date of birth");
        document.getElementById.dbirth.focus();
    }
    else
    {
        p=1;
        alert ("Name : " +x+ " "+y +"\nRollnumber : " +rn +"\nDepartment : " +d + "\nYear of Study : " +yr +
        "\nDate of Birth : "+dob + "\nGender : " +gdr + "\nMobile number : "+ mnum+ "\n mail id : " +mid);
    }
    if(p==1)
    {
        alert("Registered successfully");
    }
}
</script>
</head>
<style>
    body {
        background-image: url("https://encrypted-
        tbn0.gstatic.com/images?q=tbn:ANd9GcQm_3fi7WzxM5rXZRh0EUtaNVaCAsh4t1e33A&usqp=CAU");
    }
</style>
<body
style="color:slateblue";>
<h1 ><center><font-size=40-px>Registration form</font></center></h1>
<form >
<table align="center">
<td > First name:<span style="color:red">*<span></td>

```

```

<td><input type="text" id="fname" placeholder="enter first name here" required></td>
</tr>
<tr>
<td>Last name:<span style="color:red">*<span></td>
<td ><input type="text" id="lname" placeholder="enter lastname here"required></td>
</tr>
<tr>
<td >Roll number:<span style="color:red">*<span></td>
<td><input type="text" id="ronum" placeholder="enter roll numbere here" maxlength="10"
\\required></td>
</tr>
<tr>
<td>Department:<span style="color:red">*<span></td>
<td><input type="department" id="dept" Placeholder="Enter your department here"
required></td>
</tr>
<tr>
<td>Email id:<span style="color:red">*<span></td>
<td><input type="email" id="mail" placeholder="enter maid id here" required><br><br></td>
</tr>
<tr>
<td >Mobile number:<span style="color:red">*<span></td>
<td><select>
<option>91+</option>
<option>81+</option>
<option>71+</option>
<option>61+</option>
</select>
<input type="mobile number" id="num" placeholder="9*****" maxlength="10" required></td>
</tr>
<tr>

```

```

<td>Gender: <span style="color:red">*<span></td>
<td><select>
    <option value="male" id="gndr">male</option>
    <option value="female" id="gndr">female</option>
    <option value="other" id="gndr">other</option>

</select></td>
</tr>
<tr>
<td>Pursing year:<span style="color:red">*<span></td>
<td> <input type="radio" id="year" name="y1">first year
    <input type="radio" id="year" name="y1">second year
    <input type="radio" id="year" name="y1">third year
    <input type="radio" id="year" name="y1">final year</td>
</tr>
<tr>
<td>Date of birth:<span style="color:red">*<span></td>
<td><input type="date" id="dbirth" required></td>
</tr>
<tr>
<td>Address:</td>
<td> <textarea rows = "5" cols = "30" name = "description" placeholder="Type your address
here"></textarea></td>
</tr>
<tr>
<td>Languages known:</td>
    <td><input type="checkbox" id="lang" name="e">
    <label> english</label>
    <input type="checkbox" id="lang" name="t">
    <label> tamil</label>
    <input type="checkbox" id="lang" name="h">

```



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<label> hindi</label></td>
</tr>
<tr>
<td align="center" height="60">
<td><button onclick="myFunction()">SUBMIT</button></td>
</td>
</tr>
</form>
</body>
</html>

```

OUTPUT

Registration form

First name: *

Last name: *

Roll number: *

Department: *

Email id: *

Mobile number: *

Gender: *

Pursing year: * ☐ first year ☐ second year ☐ third year ☐ final year

Date of birth: *

Address:

Languages known: ☐ english ☐ tamil ☐ hindi