**Assignment -1**

**HTML PROGRAMMING**

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| Assignment Date | 23 September 2022 |
| Student Name | SAKTHI GANESH M |
| Student Roll Number | 820419104055 |
| Maximum Marks | 2 Marks |

**Question-1:**

Create a User Registration Page Form with following fields:

NAME:

EMAIL:

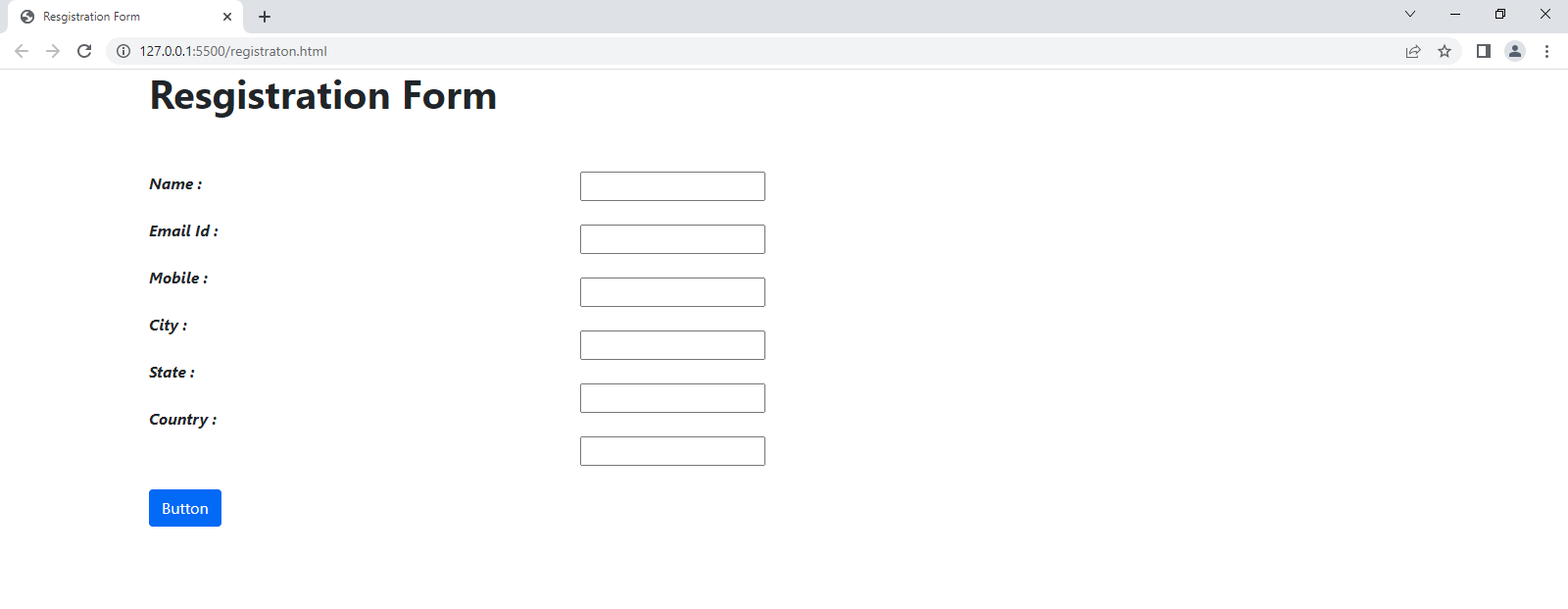
MOBILE:

CITY:

STATE:

COUNTRY:

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| **Solution:** |
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| <!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>Resgistration Form</title>  <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.0.2/dist/css/bootstrap.min.css" rel="stylesheet" integrity="sha384-EVSTQN3/azprG1Anm3QDgpJLIm9Nao0Yz1ztcQTwFspd3yD65VohhpuuCOmLASjC" crossorigin="anonymous">  </head>  <body>  <div class="container">  <div class="row">  <div class="col-9">  <h1 id="Heading"><b>Resgistration Form</b></h1><br><br>  </div>  <div class="col-4" >  <label for="name"><strong><i> Name :</i></strong> </label><br><br>  <label for="email"><strong><i>Email Id :</i> </strong></label><br><br>  <label for="mobile"><strong><em> Mobile :</em></strong></label><br><br>  <label for="city"><strong><i>City : </i></strong></label><br><br>  <label for="State"><strong><i>State :</i> </strong></label><br><br>  <label for="Country"><strong><i> Country :</i></strong></label><br>  </div>  <div class="col-6">  <input type="text" name="name" id="name"><br><br>  <input type="text" name="email" id="email"><br><br>  <input type="text" name="mobile" id="mobile"><br><br>  <input type="text" name="city" id="city"><br><br>  <input type="text" name="state" id="state"><br><br>  <input type="text" name="country" id="country"><br><br>  </div>    </div>  <button class="btn btn-primary" type="submit">Button</button>  </div>  </body>  </html> |  |
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