# Assignment -0

# **HTML Programming**

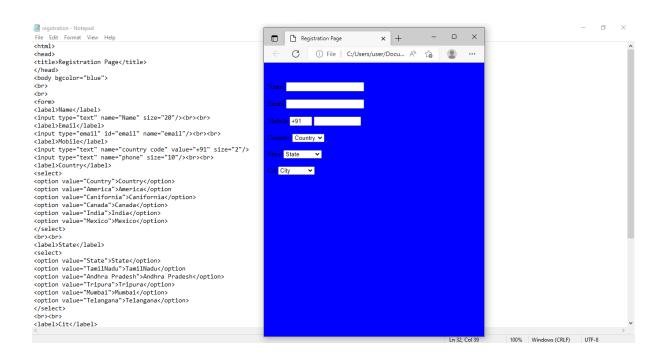
Assignment Date	05 September 2022
Student Name	Sathya Jayasri S
Student Roll Number	820419104064
Maximum Marks	2 Marks

# Question-1:

Create a User registration page form with the name, email, mobile, city, state and country.

```
Solution:
<html>
<head>
<title>Registration Page</title>
</head>
<body bgcolor="blue">
<br>
<br>
<form>
<label>Name</label>
<input type="text" name="Name"
size="20"/><br><br>
<label>Email</label>
<input type="email" id="email"
name="email"/><br><br>
<label>Mobile</label>
<input type="text" name="country
code" value="+91" size="2"/>
<input type="text" name="phone"
size="10"/><br><br>
<label>Country</label>
<select>
<option
value="Country">Country</option>
<option
value="America">America</option
value="Canifornia">Canifornia</option>
<option
value="Canada">Canada</option>
<option value="India">India
<option
value="Mexico">Mexico</option>
</select>
<br><br>>
<label>State</label>
<select>
<option value="State">State</option>
<option
value="TamilNadu">TamilNadu</option
```

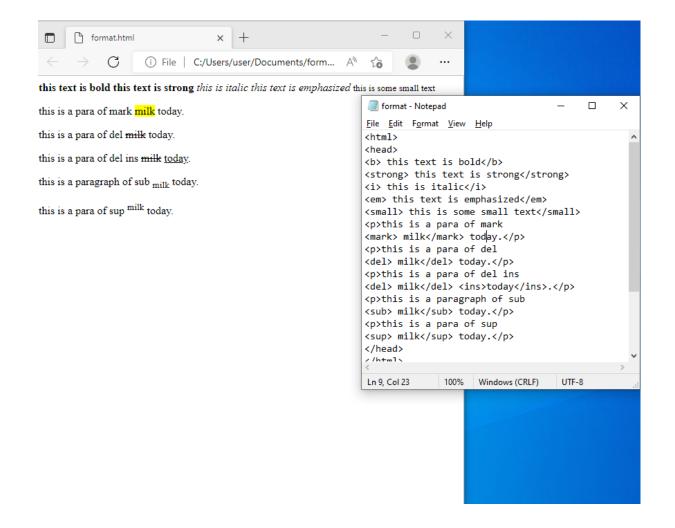
```
<option value="Andhra</pre>
Pradesh">Andhra Pradesh</option>
<option
value="Tripura">Tripura</option>
<option
value="Mumbai">Mumbai</option>
<option
value="Telangana">Telangana</option>
</select>
<br><br>>
<label>Cit</label>
<select>
<option value="City">City</option>
<option
value="Chennai">Chennai</option
<option
value="Bangalore">Bangalore</option>
<option value="Jaipur">Jaipur</option>
<option
value="Kolkata">Kolkata</option>
<option
value="Hyderabad">Hderabad</option>
</select>
<br><br>>
```



# Question-2:

Create the page with the formatting elements were designed to display the special types of text.

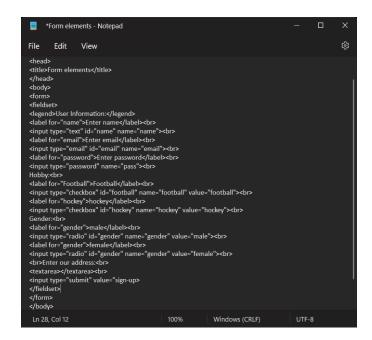
```
Solution:
<html>
<head>
<b> this text is bold</b>
<strong> this text is strong</strong>
<i> this is italic</i>
<em> this text is emphasized</em>
<small> this is some small text</small>
this is a para of mark
<mark> milk</mark> today.
this is a para of del
<del> milk</del> today.
this is a para of del ins
<del> milk</del> <ins>today</ins>.
this is a paragraph of sub
<sub> milk</sub> today.
this is a para of sup
<sup> milk</sup> today.
</head>
</html>
```

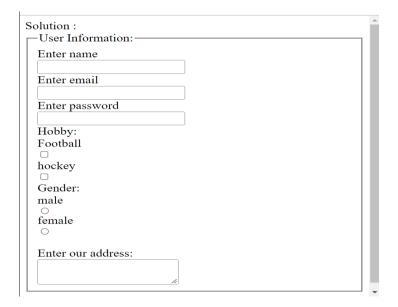


#### Question-3:

Create the html page having the format of button, checkbox, text, submit, password and email...

```
Solution:
<html>
<head>
<title>Form elements</title>
</head>
<body>
<form>
<fieldset>
<legend>User Information:</legend>
<label for="name">Enter name</label><br>
<input type="text" id="name" name="name"><br>
<label for="email">Enter email</label><br>
<input type="email" id="email" name="email"><br>
<label for="password">Enter password</label><br>
<input type="password" name="pass"><br>
Hobby:<br>
<label for="Football">Football</label><br>
<input type="checkbox" id="football" name="football" value="football"><br>
<label for="hockey">hockey</label><br>
<input type="checkbox" id="hockey" name="hockey" value="hockey"><br>
Gender:<br>
<label for="gender">male</label><br>
<input type="radio" id="gender" name="gender" value="male"><br>
<label for="gender">female</label><br>
<input type="radio" id="gender" name="gender" value="female"><br>
<br>Enter our address:<br>
<textarea></textarea><br>
<input type="submit" value="sign-up>
</fieldset>
</form>
</body>
</html>
```





# Question-4:

Write a Python program to generate Fibonacci series.

```
Solution:

<form action="/action_page.php">

<label for="fname">First name:</label><br>
<input type="text" id="fname" name="fname" value="John"><br>
<label for="lname">Last name:</label><br>
```

```
<input type="text" id="Iname" name="Iname" value="Doe"><br><br></pr>
 <input type="submit" value="Submit">
 <input type="reset"><br><br>
 <input type="radio" id="html" name="fav language" value="HTML">
<label for="html">HTML</label><br>
 <input type="radio" id="css" name="fav language" value="CSS">
<label for="css">CSS</label><br>
<input type="radio" id="javascript" name="fav_language" value="JavaScript">
 <label for="javascript">JavaScript</label><br><br></ri>
 <label for="favcolor">Select your favorite color:</label>
 <input type="color" id="favcolor" name="favcolor"><br><br>
 <label for="birthday">Birthday:</label>
 <input type="date" id="birthday" name="birthday"><br><br>
 <label for="fname">First name:</label>
<input type="text" id="fname" name="fname"><br><br>
 <input type="hidden" id="custId" name="custId" value="3487">
 <input type="submit" value="Submit">
 <label for="bdaymonth">Birthday (month and year):</label>
 <input type="month" id="bdaymonth" name="bdaymonth"><br><br>
<label for="vol">Volume (between 0 and 50):</label>
 <input type="range" id="vol" name="vol" min="0" max="50"><br>
</form>
```

