

Assignment -2
Html, Python-Flask Programming

Assignment Date	14 October 2022
Student Name	Winnila.W.S
Student Roll Number	961819104088
Maximum Marks	2 Marks

Question-1:

Create form of type input text, email, password, radio button text Area, drop down and navigate to success page and display files of form in table (CSS, HTML) html file

Solution:

```
<html>
<head>
<title>
    Assignment 2
</title>
<div class="banner">
<div>
<center><h1 style="color:white;"><strong> Welcome
All!!</strong></h1></center>
</div>
</div>
<style>
.banner {
    background-image:
        url(https://media.istockphoto.com/photos/clear-night-sky-with-milky-way-and-huge-amount-of-stars-picture-id1287456867?k=20&m=1287456867&s=170667a&w=0&h=EiLhEdoPrGpeQLA-bq0F472ikBX9VPphbKqv6yr1NeI=);
    }
</style>
</head>
<body>
<center>
<h1><b>Registration Form<b></h1><br>
<form action="tth.html" method="post">
<table>
<tr>
<td><b>Name<b></td>
<td><b>:<b>
</td>
</tr>
<td>
```

```
<input type="text" name="n1" required>
</td>
</tr>
<tr>
<td><b>Password</b></td>
<td><b>:</b></td>
<td><input type="password" name="pwd" required></td>
</tr>
<tr>
<td><b>Email</b></td>
<td><b>:</b></td>
<td><input type="email" id="email" required></td>
</tr>
<tr>
<td><b>Gender</b></td>
<td><b>:</b></td>
<td><input type="radio" name="1" value="male">Male</td>
<td><input type="radio" name="1" value="female">Female</td>
</tr>
<tr>
<td><b>Date Of Birth</b></td>
<td><b>:</b></td>
<td><input type="date" name="t1"></td>
</tr>
<tr>
<td><b>Residential Address</b></td>
<td><b>:</b></td>
<td><textarea id="h1" name="r1" rows="5" cols="50" required>
</textarea></td></tr>
<tr>
<td><b>Permanent Address</b></td>
<td><b>:</b></td>
<td><textarea id="h2" name="r2" rows="5" cols="50" required>
</textarea></td>
</tr>
<tr>
<td><b>State</b></td>
<td><b>:</b></td>
<td><input type="text" name="e1" required></td>
</tr>
<tr>
<td><b>Country</b></td>
<td><b>:</b></td>
<td><input type="text" name="e2" required></td>
</tr>
<tr>
<td><b>College Name</b></td>
<td><b>:</b></td>
```

```

<td><textarea id="h1" name="r1" rows="2" cols="50" required>
</textarea></td></tr>
<tr><td><b>Field Of Study</b></td>
<td><b>:</b></td>
<td><select name="Field of Study">
<option value="Arts and Science">Arts and Science</option>
<option value="Medicine">Medicine</option>
<option value="Engineering">Engineering</option>
<option value="Other">Other</option>
</select></td>
</tr>
<tr>
<td><b>Year Of Studying</b></td>
<td><b>:</b></td>
<td><select name="Year of Studying">
<option value="I YEAR">I YEAR</option>
<option value="II YEAR">II YEAR</option>
<option value="III YEAR">III YEAR</option>
<option value="IV YEAR">IV YEAR</option>
<option value="Other">Other</option>
</select>
</td>
</tr>
<tr><td><b>Percentage of Pervious Year</b></td>
<td><b>:</b></td>
<td><input type="number" name="n1">
</td>
</tr>
<tr><td><b>Ambition</b></td>
<td><b>:</b></td>
<td><textarea id="a1" row="2" cols="20" required>
</textarea></td>
</tr>
<tr><td><b>Field Of Interest</b></td>
<td><b>:</b></td>
<td><textarea id="a1" row="2" cols="20" required>
</textarea></td>
</tr>
<tr>
<td><b>Declaration</b></td>
<td><b>:</b></td>
<td><input type="radio" name="r1" value="m1">"Hereby I declare that the
information given above are true to my knowledge" </td>
</tr><br><br>
<tr>
<td align=center><input type="Submit" value="Submit"></td>
<td>

```

```

<input type="Reset" value="Clear"></td></tr>
</table></form></center>
</body>
</html>

```

Navigated Page:

tth.html:

```

<html>
<head>
<title>Navigated Page</title>
</head>
<body>
<center><h1><b>"Thank You For Entering the Details"</b></h1>
<h2><b>Your Registration is successful and details were recorded</b></h2>
</center>
</body>
</html>

```

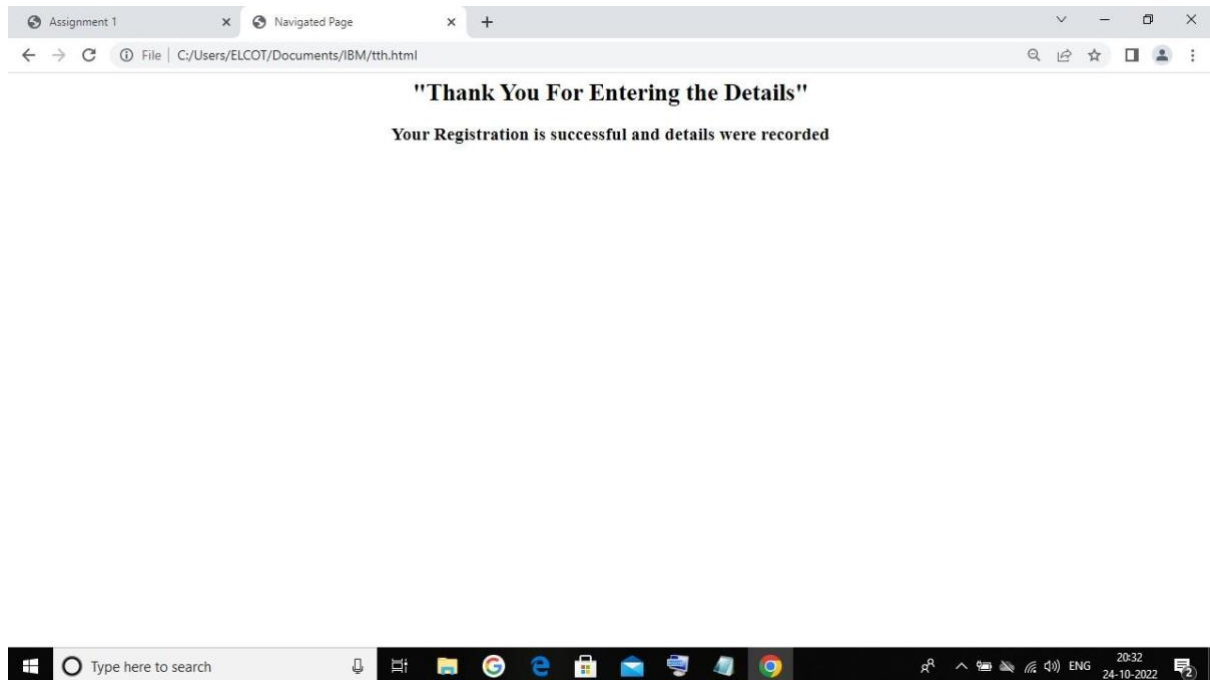
Output:

The screenshot displays a web browser window with two tabs: 'Assignment 1' and 'Assignment 2'. The active tab shows a file named 'C:/Users/ELCOT/Documents/IBM/Assg-2.html'. The page features a dark blue header with the text 'Welcome All!!' and a title 'Registration Form'. Below the title is a registration form with the following fields and options:

- Name: Text input field
- Password: Text input field
- Email: Text input field
- Gender: Radio buttons for Male and Female
- Date Of Birth: Date picker (dd-mm-yyyy)
- Residential Address: Text area
- Permanent Address: Text area
- State: Text input field
- Country: Text input field
- College Name: Text input field
- Field Of Study: Dropdown menu (Arts and Science)
- Year Of Studying: Dropdown menu (1 YEAR)
- Percentage of Pervious Year: Text input field
- Ambition: Text input field
- Field Of Interest: Text input field
- Declaration: Radio button for 'Hereby I declare that the information given above are true to my knowledge'

At the bottom of the form are two buttons: 'Submit' and 'Clear'.

Navigated Page:



Question-2:

Create form of type input text, email, password, radio button text Area, drop down and navigate to success page and display files of form in table (CSS, HTML) html file

For CSS create external style sheet for above task (separate CSS file and link that in html)

Solution:

```
<html>
<head>
<title>
    Assignment 2
</title>
<div class="banner">
<div>
<center><h1 style="color:white;"><strong> Welcome
All!!!</strong></h1></center>
</div>
</div>
<link rel="stylesheet" type="text/css" href="externalcss.css">
</head>
<body>
```

```

<center>
  <h1><b>Registration Form<b></h1><br>
  <form action="tth.html" method="post">
    <table>
      <tr>
        <td><b>Name</b></td>
        <td><b>:</b></td>
        <td><input type="text" name="n1" required></td>
      </tr>
      <tr>
        <td><b>Password</b></td>
        <td><b>:</b></td>
        <td><input type="password" name="pwd" required></td>
      </tr>
      <tr>
        <td><b>Email</b></td>
        <td><b>:</b></td>
        <td><input type="email" id="email" required></td>
      </tr>
      <tr>
        <td><b>Gender</b></td>
        <td><b>:</b></td>
        <td><input type="radio" name="1" value="male">Male</td>
        <td><input type="radio" name="1" value="female">Female</td>
      </tr>
      <tr>
        <td><b>Date Of Birth</b></td>
        <td><b>:</b></td>
        <td><input type="date" name="t1"></td>
      </tr>
      <tr>
        <td><b>Residential Address</b></td>
        <td><b>:</b></td>
        <td><textarea id="h1" name="r1" rows="5" cols="50" required></td>
      </tr>
      <tr>
        <td><b>Permanent Address</b></td>
        <td><b>:</b></td>
        <td><textarea id="h2" name="r2" rows="5" cols="50" required></td>
      </tr>
      <tr>
        <td><b>State</b></td>
        <td><b>:</b></td>
        <td><input type="text" name="e1" required></td>
      </tr>
    </table>
  </form>

```

```

</tr>
<tr>
<td><b>Country</b></td>
<td><b>:</b></td>
<td><input type="text" name="e2" required></td>
</tr>
<tr>
<td><b>College Name</b></td>
<td><b>:</b></td>
<td><textarea id="h1" name="r1" rows="2" cols="50" required>
</textarea></td></tr>
<tr><td><b>Field Of Study</b></td>
<td><b>:</b></td>
<td><select name="Field of Study">
<option value="Arts and Science">Arts and Science</option>
<option value="Medicine">Medicine</option>
<option value="Engineering">Engineering</option>
<option value="Other">Other</option>
</select></td>
</tr>
<tr>
<td><b>Year Of Studying</b></td>
<td><b>:</b></td>
<td><select name="Year of Studying">
<option value="I YEAR">I YEAR</option>
<option value="II YEAR">II YEAR</option>
<option value="III YEAR">III YEAR</option>
<option value="IV YEAR">IV YEAR</option>
<option value="Other">Other</option>
</select>
</td>
</tr>
<tr><td><b>Percentage of Pervious Year</b></td>
<td><b>:</b></td>
<td><input type="number" name="n1">
</td>
</tr>
<tr><td><b>Ambition</b></td>
<td><b>:</b></td>
<td><textarea id="a1" row="2" cols="20" required>
</textarea></td>
</tr>
<tr><td><b>Field Of Interest</b></td>
<td><b>:</b></td>
<td><textarea id="a1" row="2" cols="20" required>
</textarea></td>
</tr>

```

```

<tr>
<td><b>Declaration</b></td>
<td><b>:</b></td>
<td><input type="radio" name="r1" value="m1">"Hereby I declare that the
information given above are true to my knowledge"</td>
</tr><br><br>
<tr>
<td align=center><input type="Submit" value="Submit"></td>
<td>
<input type="Reset" value="Clear"></td></tr>
</table></form></center>
</body>
</html>

```

Navigated Page:

tth.html:

```

<html>
<head>
<title>Navigated Page</title>
</head>
<body>
<center><h1><b>"Thank You For Entering the Details"</b></h1>
<h2><b>Your Registration is successful and details were recorded</b></h2>
</center>
</body>
</html>

```

External Css:

Externalcss.css

```

<style>
.banner {
background-image:
url(https://media.istockphoto.com/photos/clear-night-sky-with-milky-way-and-huge-amount-of-stars-picture-id1287456867?k=20&m=1287456867&s=170667a&w=0&h=EiLhEdoPrGpeQLA-bq0F472ikBX9VPphbKqv6yr1NeI=);
}
</style>

```


Output:

Assignment 1 x Assignment 2 x +

File | C:/Users/ELCOT/Documents/IBM/Assg-2.html

Welcome All!!

Registration Form

Name :

Password :

Email :

Gender : ☐ Male ☐ Female

Date Of Birth :

Residential Address :

Permanent Address :

State :

Country :

College Name :

Field Of Study :

Year Of Studying :

Percentage of Pervious Year :

Ambition :

Field Of Interest :

Declaration : ☐ "Hereby I declare that the information given above are true to my knowledge"

Type here to search

20:20 24-10-2022

Navigated Page:

Assignment 1 x Navigated Page x +

File | C:/Users/ELCOT/Documents/IBM/tth.html

"Thank You For Entering the Details"

Your Registration is successful and details were recorded

Type here to search

20:32 24-10-2022

Question -3:

Create sample program for Flask HTTP methods (list or map and Perform operations of PUT, GET, DELETE and POST).

Solution:

Flask program:

```
from flask import Flask,redirect,url_for,request
app=Flask(__name__)
@app.route('/success/<name>')
def success(name):
    return 'welcome %s' %name
@app.route('/login',methods=['POST','GET'])
def login():
    if request.method=='POST':
        user = request.form['nm']
        return redirect(url_for('success',name=user))
    else:
        user=request.args.get('nm')
        return redirect(url_for('success',name=user))
if __name__=='__main__':
    app.run(debug=True)
```

login.html:

```
<html>
<body>
<form action="#" method="post">
<p>Name:</p>
<p><input type="text" name="nm" /></p>
<p><input type="submit" value="submit"/></p>
</form>
</body>
</html>
```

Output:

