Assignment 1

```
h2{

 font-family: Sans-serif;

 font-size: 24px;

 font-style: normal;

 font-weight: bold;

 color: #000;

 text-align: center;

 text-decoration: underline;

 }



table{

 padding: 1px 30px;

 font-family: verdana;

 color: white;

 font-size: 16px;

 font-style: normal;

 font-weight: bold;

 background-color: #878787;

 border-collapse: separate;

 border-radius: 10px;

 width: 700px;



 }
table.inner{
```

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```css
 border: 10px;

}


input[type=text], input[type=email], input[type=number]

{

 width: 70%;

 padding: 10px 20px;

 margin: 5px 0;

 box-sizing: border-box;

}
input[type=submit]{

 width: 15%;

 padding: 10px 12px;

 margin: 2px 0;

box-sizing: border-box;

}
.btn {

  display:inline-block;

  padding:10px 20px;

  font-size:17px;

  border:none;

  border-radius:5px;

  cursor:pointer;

  background-color: white;

  color: #000;
```

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```css
}
.btn:hover {
  background-color: #000;
  color: #fff;

}
```

```html
<html>
 <head>
  <title>Student Registration Form </title>
 </head>
 <body>
 <link rel="stylesheet" type="text/css" href="C:\Users\WELCOME\Desktop\Assignment-1\css.css">
 <form class="signup-form" action="/submit" method="post">
  <h2>Student Registration Form </h2>
  <div class="input-form">
  </div>
  <div class="input-form">
  </div>
  <div class="input-form">
  </div>
  <div class="input-form">
  </div>
  <table align="center" cellpadding="10"> <!-- First Name -------------------------------->
   <tbody>
    <tr>
```

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```
  <td>First Name</td>

  <td><input type="text" name="FirstName" maxlength="50" placeholder="Enter first name" required> </td>

  </tr> <!-- Last Name -------------------------------------->

  <tr>

  <td>Last Name</td>

  <td><input type="text" name="LastName" maxlength="50" placeholder="Enter last name" required> </td>

  </tr> <!-- Email ID ------------------------------------->

  <tr>

  <td>Email ID</td>

  <td><input type="email" name="EmailID" maxlength="100" placeholder="***@gmail.com" required></td>

  </tr> <!--Date Of Birth---------------------------------->

  <tr>

  <td>Date of Birth(DOB)</td>

  <td> <select name="BirthDay" id="Birthday_Day"> <option value="-1">Day:</option> <option value="1">1</option> <option value="2">2</option> <option value="3">3</option> <option value="4">4</option> <option value="5">5</option> <option value="6">6</option> <option value="7">7</option> <option value="8">8</option> <option value="9">9</option> <option value="10">10</option> <option value="11">11</option> <option value="12">12</option> <option value="13">13</option> <option value="14">14</option> <option value="15">15</option> <option value="16">16</option> <option value="17">17</option> <option value="18">18</option> <option value="19">19</option> <option value="20">20</option> <option value="21">21</option> <option value="22">22</option> <option value="23">23</option> <option value="24">24</option> <option value="25">25</option> <option value="26">26</option> <option value="27">27</option> <option value="28">28</option> <option value="29">29</option> <option value="30">30</option> <option value="31">31</option> </select> <select name="BirthdayMonth" id="Birthday_Month"> <option value="-1">Month:</option> <option value="January">Jan(1)</option> <option value="February">Feb(2)</option> <option value="March">Mar(3)</option> <option value="April">Apr(4)</option> <option value="May">May(5)</option> <option value="June">Jun(6)</option> <option value="July">Jul(7)</option> <option value="August">Aug(8)</option> <option value="September">Sep(9)</option> <option
```

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value="October">Oct(10)</option> <option value="November">Nov(11)</option> <option value="December">Dec(12)</option> </select> <select name="BirthdayYear" id="Birthday_Year"> <option value="-1">Year:</option> <option value="2019">2019</option> <option value="2018">2018</option> <option value="2017">2017</option> <option value="2016">2016</option> <option value="2015">2015</option> <option value="2014">2014</option> <option value="2013">2013</option> <option value="2012">2012</option> <option value="2011">2011</option> <option value="2010">2010</option> <option value="2009">2009</option> <option value="2008">2008</option> <option value="2007">2007</option> <option value="2006">2006</option> <option value="2005">2005</option> <option value="2004">2004</option> <option value="2003">2003</option> <option value="2002">2002</option> <option value="2001">2001</option> <option value="2000">2000</option> <option value="1999">1999</option> <option value="1998">1998</option> <option value="1997">1997</option> <option value="1996">1996</option> <option value="1995">1995</option> <option value="1994">1994</option> <option value="1993">1993</option> <option value="1992">1992</option> <option value="1991">1991</option> <option value="1990">1990</option> <option value="1989">1989</option> <option value="1988">1988</option> <option value="1987">1987</option> <option value="1986">1986</option> <option value="1985">1985</option> <option value="1984">1984</option> <option value="1983">1983</option> <option value="1982">1982</option> <option value="1981">1981</option> <option value="1980">1980</option> </select> </td>

    </tr> <!--Qualification-->

    <tr>

     <td>Qualification

</td>

     <td>
 <input type="checkbox" name="HighSchool" value="High School"> 10th / 12th Standard
 <input type="checkbox" name="Under Graduation" value="Under Graduation"> Under Graduation
 <input type="checkbox" name="Graduation" value="Graduation"> Graduation(Bachelors)
 <input type="checkbox" name="PostGraduation" value="Post Graduation"> Post Graduation
 <input type="checkbox" name="doc" value="doc"> Doctorate </td>

    </tr> <!-- Submit ------------------------------>

    <tr>

     <td colspan="2" align="center">

      <div class="form-footer"> <button type="submit" onclick="alert('Registered Successfully')" class="btn">Submit</button>

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```
      </div></td>

   </tr>

   </tbody>

  </table>

 </form>

</body>

</html>
```


Student Registration Form

First Name	Enter first name
Last Name	Enter last name
Email ID	***@gmail.com
Date of Birth(DOB)	Day: ∨ Month: ∨ Year: ∨
Qualification	☐ 10th / 12th Standard ☐ Under Graduation ☐ Graduation(Bachelors) ☐ Post Graduation ☐ Doctorate
	Submit