Assignment -1
HTML

Assignment Date	06 September 2022
Student Name	Blesson Thomas
Student Roll Number	210419104034
Maximum Marks	2 Marks

Question 1:

       Develop sample 4 input boxes wich are name ,qualification,age,submit button

HTML

```html
<head>
<link rel ="sytlesheet" href="styles.css">
<form>
    <table>
        <tr>
            <td>
                <label for="uname">Name</label>
            </td>
            <td>
                <input type="text" id="uname" name="username">
            </td>
        </tr>
        <tr>
            <td>
                <label for="uemail">Email</label>
            </td>
            <td>
                <input type="text" id="uemail" name="usermail">
                <button type="button">Check</button>
            </td>
        </tr>
        <tr>
            <td>
                <label for="age">Age</label>
            </td>
            <td>
                <input type="text" name="userage" id="age" size="2" maxlength="2">
            </td>
        </tr>
        <tr>
            <td>
                <label>Country</label>
            </td>
            <td>
                <input type="text" value="India" name="country" disabled>
            </td>
        </tr>
        <tr>
            <td>
                    <label for="pass">Password</label>
            </td>
            <td>
                    <input type="password" id="pass">
            </td>
```

assignment1.html ●

Assessment › Blesson Thomas › Assignment1 › <> assignment1.html › ⌾ head › ⌾ form › ⌾ table › ⌾ tr › ⌾ td › ⌾ select#city › ⌾ optgroup

```html
46          <tr>
47              <td>
48                  <label for="res">Resume</label>
49              </td>
50              <td>
51                  <input type="file" id="res">
52              </td>
53          </tr>
54          <tr>
55              <td>
56                  <label>Hobbies</label>
57              </td>
58              <td>
59                  <label>
60                      <input type="checkbox" checked> Cricket
61                  </label>
62                  <label>
63                      <input type="checkbox"> Football
64                  </label>
65              </td>
66          </tr>
67          <tr>
68              <td>
69                  <label>Gender</label>
70              </td>
71              <td>
72                  <label>
73                      <input type="radio" value="f" name="gender"> Female</label>
74                      <label>
75                      <input value="m" type="radio" name="gender"> Male</label>
76              </td>
77          </tr>
78          <tr>
79              <td>
80                  <label for="city">City</label>
81              </td>
82              <td>
83                  <select id="city" name="city">
84                      <option disabled selected>--Choose City--</option>
85                      <optgroup label="Metros">
86                          <option>New Delhi</option>
87                          <option>Mumbai</option>
88                          <option>Channai</option>
89                          <option>Kolkata</option>
90                      </optgroup>
```

```html
74                      <label>
75                          <input value="m" type="radio" name="gender"> Male</label>
76                  </td>
77              </tr>
78              <tr>
79                  <td>
80                      <label for="city">City</label>
81                  </td>
82                  <td>
83                      <select id="city" name="city">
84                          <option disabled selected>--Choose City--</option>
85                              <optgroup label="Metros">
86                                  <option>New Delhi</option>
87                                  <option>Mumbai</option>
88                                  <option>Channai</option>
89                                  <option>Kolkata</option>
90                              </optgroup>
91                      </select>
92                  </td>
93              </tr>
94              <tr>
95                  <td>
96                      <label>Address</label>
97                  </td>
98                  <td>
99                      <textarea rows="4" cols="40"></textarea>
100                 </td>
101             </tr>
102             <tr>
103                 <td></td>
104                 <td>
105                     <input type="submit" value="Submit">
106                     <input type="reset">
107                 </td>
108             </tr>
109         </table>
110     </form>
```