ASSIGNMENT-1

Assignment Date	19 September 2022
Student Name	Prakalya.RS
Student Roll Number	211519205112
Maximum Marks	2 Marks

Create HTML file 4 input boxes :

```
<!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>Student Registration Number</title>
    <link rel="stylesheet" href="Style.css">
</head>

<body>
    <section class="header">
      <nav>
        <a class="logo" href="#">Student Registration Form</a>
        <div class="nav-links">
          <ul>
            <li><a href="#basic-details">Basic Details</a></li>
            <li><a href="#Course">Course</a></li>
          </ul>
        </div>
      </nav>
      </div>
    </section>
    <section>
```

```html
<div class="form-container">
  <form>
    <h3 id="basic-details">Basic Details</h3>
    <div class="form-group">
      <label for="fname">Name*</label>
      <input type="text" id="fname" class="fname" name="fname" placeholder="Please enter your full name" required>
    </div>
    <div class="form-group">
      <label for="Dob">Date of birth*</label>
      <input type="date" id="Dob" name="Dob" placeholder="Date of Birth" required>
    </div>
    <div class="form-group">
      <label for="Gender" id="Gender">Gender</label><br>
      <input type="radio" id="gender" name="gender"><label>Male</label>
      <input type="radio" id="gender" name="gender"><label>Female</label>
      <input type="radio" id="gender" name="gender"><label>Other</label>
    </div>
    <h3 id="Course">Course</h3>
    <div class="form-group">
      <label for="ptype">Highest Qualification</label><br>
      <select name="course" id="course" placeholder="please select the Course" required>
        <option value="select">Select the Course</option>
        <option value="BE">B.E</option>
        <option value="BTech">B.Tech</option>
        <option value="ME">M.E</option>
        <option value="ME">M.Tech</option>
      </select>
    </div>
    <div class="form-group">
      <label for="ptype">Branch</label><br>
```

```html
            <select name="Branch" id="Branch" placeholder="please
select the Branch" required>
                <option value="select">Select the Branch</option>
                <option value="ECE">ECE</option>
                <option value="EEE">EEE</option>
                <option value="CSE">CSE</option>
                <option value="MECH">MECH</option>
                <option value="IT">IT</option>
            </select>
        </div>
        <br>
        <input type="button" value="Submit">
    </form>
  </div>
 </section>
 </body>
</html>
```

CSS

```css
@import
url('https://fonts.googleapis.com/css2?family=Poppins:wght@400;60
0&display=swap');
*{
   margin: 0;
   padding: 0;
}
.header{
   background-color: black;
   width: 100%;
}
nav{
   display: flex;
   padding: 2% 3%;
```

```css
        justify-content: space-between;
        align-items: center;
}
.nav-links ul li{
        list-style: none;
        display: inline-block;
        padding: 8px 12px;
        position: relative;
}
.nav-links ul li a{
        color: black;
        text-decoration: none;
        font-size: 17px;
        color: white;
}
#Gender{
        padding-bottom: 6px;
}
.logo{
        text-decoration: none;
        font-weight: bolder;
        font-size: 30px;
        color: white;
}
.form-container{
        border-radius: 5px;
        background-color: #f2f2f2;
        padding: 50px;
}
input[type=text], select, [type=date], [type=password]
{
        width: 100%;
        padding: 12px;
        border: 1px solid #ccc;
        border-radius: 4px;
        resize: vertical;
```

```css
    }
textarea{
    width: 100%;
    padding: 12px;
    border: 1px solid #ccc;
    border-radius: 4px;
    resize: vertical;
}

  label {
    padding: 12px 12px 12px 0;
    display: inline-block;
  }
.form-group{
    padding: 6px;
    text-align: left;
}
h3{
    font-size: 20px;
    padding-top: 15px;
    padding-bottom: 10px;
}
Label
{
    font-size: 20px;
}
input[type=submit], input[type=button] {
    background-color: #0e5ae9;
    color: white;
    padding: 12px 20px;
    border: none;
    border-radius: 4px;
    cursor: pointer;
    width: 20%;
    justify-items: center;
  }
```

```
table th{
    border: 1px solid black;
    height: 50px;
}
Table
{
    border-collapse: collapse;
    align-content: center;
    width: 100%;
}
```

OUTPUT:

Basic Details

Name*

Please enter your full name

Date of birth*

dd-mm-yyyy

Gender

○Male   ○Female   ○Other

Course

Highest Qualification

Select the Course

Branch

Select the Branch

Submit