Assignment No: 1 Name: DHARUN I

**Assignment No: 1 Name: DHARUN I**

**Register No: 211519205043**

**Project Name: PLASMA DONOR APPLICATION PROJEC ID: PNT2022TMID26173**

**DOMAIN NAME : CLOUD APPLICATION DEVELOPMENT**

**Question 1:**

Create a HTML File with 4 input boxes – name, qualification, age, email with submit button. Display them in web page.

SOURCE CODE:

<html> <head> <title> Assignment 1 </title> </head> <body>

<h1><CENTER>REGISTRATION FROM </CENTER> </h1> <form> <CENTER><div

class="form-floating mb-3">

<label for="floatingInput"> Name </label> <input type=" name " class="form- control" id="floatingInput" placeholder="name">

</div>

<div class="form-floating"><label for="floatingPassword">Qualification</label>

<input type="Qualification" class="form-control" id="floatingPassword" placeholder=" BE ">

</div>

<div class="form-floating">

<label for="floatingInput"> Age </label>

<input type="AGE " class="form-control" id="floatingInput" placeholder="Age">

</CENTER>

</div>

<CENTER><div class="form-floating mb-3"><label for="floatingInput">Email address</label>

<input type="email" class="form-control" id="floatingInput" placeholder="name@example.com">

</div></CENTER>

<CENTER><div >

<button class="btn btn-primary" type="submit">Submit form</button>

</div></CENTER>

</CENTER> </form> </body> </html>

OUTPUT:

Register No: 211519104130

Project Name: PLASMA DONOR APPLICATION PROJEC ID: PNT2022TMID25930

DOMAIN NAME : CLOUD APPLICATION DEVELOPMENT

Question 1:

Create a HTML File with 4 input boxes – name, qualification, age, email with submit button. Display them in web page.

SOURCE CODE:

<html> <head> <title> Assignment 1 </title> </head> <body>

<h1><CENTER>REGISTRATION FROM </CENTER> </h1> <form> <CENTER><div

class="form-floating mb-3">

<label for="floatingInput"> Name </label> <input type=" name " class="form- control" id="floatingInput" placeholder="name">

</div>

<div class="form-floating"><label for="floatingPassword">Qualification</label>

<input type="Qualification" class="form-control" id="floatingPassword" placeholder=" BE ">

</div>

<div class="form-floating">

<label for="floatingInput"> Age </label>

<input type="AGE " class="form-control" id="floatingInput" placeholder="Age">

</CENTER>

</div>

<CENTER><div class="form-floating mb-3"><label for="floatingInput">Email address</label>

<input type="email" class="form-control" id="floatingInput" placeholder="name@example.com">

</div></CENTER>

<CENTER><div >

<button class="btn btn-primary" type="submit">Submit form</button>

</div></CENTER>

</CENTER> </form> </body> </html>

OUTPUT:

