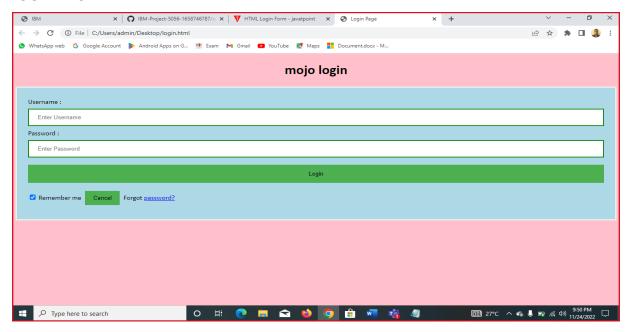
SPRINT-1

TEAM ID	PNT2022TMID08681
Project Name	Smart Fashion Recommender Appliaction

LOGIN PAGE:



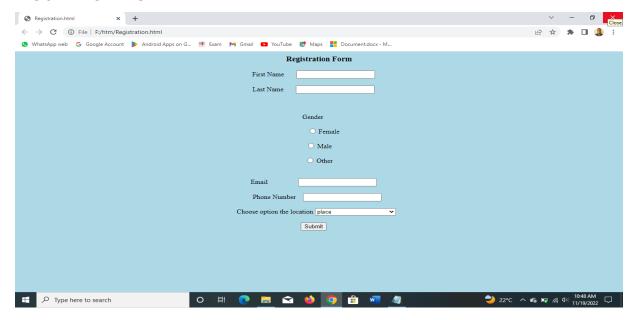
CODE:

```
<!DOCTYPE html>
<html>
<head>
<meta name="viewport" content="width=device-width, initial-scale=1">
<title> Login Page </title>
<style>
Body {
font-family: Calibri, Helvetica, sans-serif;
background-color: pink;
}
```

```
button {
    background-color: #4CAF50;
    width: 100%;
    color: light yellow;
    padding: 15px;
    margin: 10px 0px;
    border: none;
    cursor: pointer;
     }
form {
    border: 3px solid #f1f1f1;
  }
input[type=text], input[type=password] {
    width: 100%;
    margin: 8px 0;
    padding: 12px 20px;
    display: inline-block;
    border: 2px solid green;
    box-sizing: border-box;
  }
button:hover {
    opacity: 0.7;
  }
 .cancelbtn {
    width: auto;
    padding: 10px 18px;
    margin: 10px 5px;
  }
```

```
.container {
    padding: 25px;
    background-color: lightblue;
  }
</style>
</head>
<body>
  <center> <h1> mojo login </h1> </center>
  <form>
    <div class="container">
      <label>Username : </label>
      <input type="text" placeholder="Enter Username" name="username" required>
      <label>Password : </label>
      <input type="password" placeholder="Enter Password" name="password" required>
      <button type="submit">Login
      <input type="checkbox" checked="checked"> Remember me
      <button type="button" class="cancelbtn"> Cancel</button>
      Forgot <a href="#"> password? </a>
    </div>
  </form>
</body>
</html>
```

REGISTRATION PAGE:



CODE:

<html>

<head>

</head>

<body bgcolor="#ADD8E6"><center>

<div class=" gradient-custom">

<div class="container">

<div class="row justify-content-center align-items-center">

<div class="">

<div class="card shadow-2-strong card-registration" style="border-radius: 100px;">

<div class="card-body">

<h3 class="">Registration Form</h3>

<form>

<div class="row">

<div class="">

<div class="form-outline">

<label class="form-label" for="firstName">First Name</label>

```
type="text"
                              id="firstName"
<input
                                                  class="form-control
                                                                          form-control-lg"
/>&nbsp&nbsp&nbsp&nbsp&nbsp
</div>&nbsp&nbsp&nbsp&nbsp&nbsp
</div>
<div class="form-outline">
<label class="form-label" for="lastName">Last Name</label>&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
            type="text"
                              id="lastName"
                                                  class="form-control
                                                                          form-control-lg"
<input
/>&nbsp&nbsp&nbsp&nbsp&nbsp
</div>&nbsp&nbsp&nbsp&nbsp&nbsp
</div>&nbsp&nbsp&nbsp&nbsp&nbsp
</div>
Gender &nbsp&nbsp&nbsp&nbsp&nbsp<br/>br>&nbsp&nbsp
<div class="form-check form-check-inline">&nbsp&nbsp&nbsp&nbsp
<input class="form-check-input" type="radio" name="inlineRadioOptions" id="femaleGender"</pre>
value="option1" />
<label class="form-check-label" for="femaleGender">Female</label>
</div>
&nbsp&nbsp&nbsp
<div class="form-check form-check-inline">
```

```
<input class="form-check-input" type="radio" name="inlineRadioOptions" id="maleGender"
value="option2" />
<label class="form-check-label" for="maleGender">Male</label>
</div>
&nbsp&nbsp&nbsp
<div class="form-check form-check-inline">
<input class="form-check-input" type="radio" name="inlineRadioOptions" id="otherGender"
value="option3" />
<label class="form-check-label" for="otherGender">Other</label>
</div>
&nbsp&nbsp&nbsp
</div>
&nbsp&nbsp&nbsp&nbsp&nbsp
<div class="row">
<div class="form-outline">
<label
                                                                  class="form-label"
nbsp&nbsp&nbsp&nbsp&nbsp
          type="email"
                          id="emailAddress"
                                               class="form-control
                                                                    form-control-lg"
/>&nbsp&nbsp&nbsp&nbsp&nbsp
</div>
</div>
&nbsp&nbsp&nbsp&nbsp&nbsp
<div class="form-outline">&nbsp&nbsp&nbsp
<label class="form-label" for="phoneNumber">Phone Number</label>&nbsp&nbsp&nbsp
```

```
<input
           type="tel"
                          id="phoneNumber"
                                                 class="form-control
                                                                        form-control-lg"
/>&nbsp&nbsp&nbsp&nbsp&nbsp
</div>
</div>
&nbsp&nbsp&nbsp&nbsp&nbsp
<div class="row">
&nbsp&nbsp&nbsp&nbsp&nbsp
<label class="form-label select-label">Choose option the location</label>
<select class="select form-control-lg">&nbsp&nbsp&nbsp&nbsp&nbsp
<option value="1" disabled>Choose option the location </option>
<option value="2">place</option>
<option value="3">Subject 2</option>
<option value="4">Subject 3</option>
</select>
&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
</div>
&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<div>
<input
           class="btn
                          btn-primary
                                          btn-lg"
                                                      type="submit"
                                                                        value="Submit"
/>&nbsp&nbsp&nbsp&nbsp&nbsp
</div>
&nbsp&nbsp&nbsp&nbsp&nbsp
</form>
</div>
</div>
```

- </div>
- </div>
- </div>
- </div></center>
- </body>
- </html>