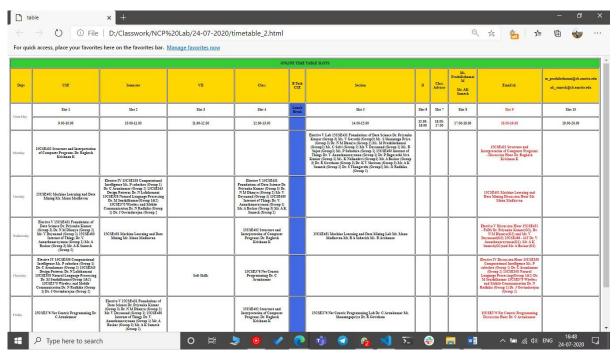


```
Type here to search
                 O 計 🗦 🧿 🗸 🕡 🦸 🦸 🦠 5- 🜐 🤚 🖷 🐧 ^ 🖦 🥻 40) ENG 24-07-2020 🖫
<html>
   <head>
      <title>
         Table
      </title>
   </head>
   <body>
      <colgroup>
            <col style="width:300px" />
         </colgroup>
         >
               <table style='border: 1px solid red; width: 100%; padding
: 10px;'>
                  Nested Table 1
                     Column 1
                     Column 2
```

```
Our First Table Nested Within
           >
        <table style='border: 1px solid red;width: 100%; size: in
herit;'>
          Nested Table 2
           List Object 1
             List Object 2
             List Object 3
           Nested Table 3
          Nested Table Demo continued
        >
        Nested Table 4
          <img src='html.PNG'/>
        </body>
</html>
```

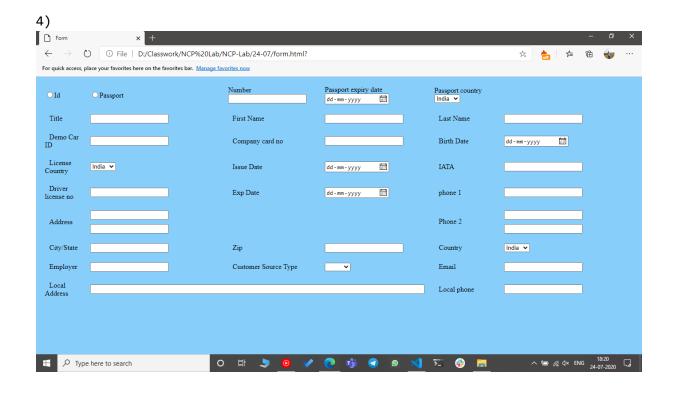


https://github.com/Indra24710/NCP-Lab/blob/master/24-07/timetable 2.html





```
sswork/NCP Lab/24-07-2020/imagemap/cpu.html
Type here to search
<html>
    <head>
         <title>
             Imagemap
         </title>
    </head>
    <body>
         <img src="computer.jpg" usemap="#computer"/>
         <map name="computer">
             <area shape="rect" coords="48,125,181,208" href="imagemap/printer.</pre>
html"/>
             <area shape="rect" coords="199,95,339,202" href="imagemap/monitor.</pre>
html"/>
             <area shape="rect" coords="345,75,423,233" href="imagemap/cpu.html")</pre>
"/>
             <area shape="rect" coords="174,226,250,276" href="imagemap/speaker"</pre>
.html"/>
             <area shape="rect" coords="260,243,469,260" href="imagemap/keyboar"</pre>
d.html"/>
             <area shape="rect" coords="421,265,444,283" href="imagemap/mouse.h</pre>
tml"/>
         </map>
    </body>
</html>
```



```
<html>
<head>
   <title>
       Form
   </title>
</head>
<body style="background-color: lightskyblue;">
   <form>
       <colgroup>
              <col width="100px" />
          </colgroup>
          >
                 <label><input type="radio" />Id</label>
              <label><input type="radio">Passport</label>
              >
                 <label style="padding-</pre>
right: 10px;">Number </label><input type="text">
```

```
<label>Passport expiry date
         <input type='date' />
      </label>
   <label>Passport country
         <select>
             <option>India</option>
             <option>Other</option>
         </select>
      </label>
   >
      <label style="padding-left: 10px;">Title</label>
   <input type='text' />
   <label style="padding-left: 10px;">First Name</label>
   <input type='text' />
   <label style="padding-left: 10px;">Last Name</label>
   <input type='text' />
   >
      <label style="padding-left: 10px;">Demo Car ID</label>
```

```
<input type='text' />
   <label style="padding-left: 10px;">Company card no</label>
   <input type='number' />
   <label style="padding-left: 10px;">Birth Date</label>
   <input type='date' />
   >
      <label style="padding-left: 10px;">License Country</label>
   <select>
         <option>India</option>
         <option>Other</option>
      </select>
   <label style="padding-left: 10px;">Issue Date</label>
   <input type='date' />
   <label style="padding-left: 10px;">IATA</label>
   >
      <input type='text' />
```

```
<label style="padding-</pre>
left: 10px;">Driver license no</label>
            <input type='text' />
            <label style="padding-left: 10px;">Exp Date</label>
            <input type='date' />
            <label style="padding-left: 10px;">phone 1</label>
            <input type='number' />
            <label style="padding-left: 10px;">Address</label>
            <input type='text' style="margin-bottom: 10px;" />
               <input type="text"/>
            <label style="padding-left: 10px;"></label>
            >
               <label style="padding-left: 10px;">Phone 2</label>
            <input type='number' style="margin-bottom: 10px;"/>
               <input type='number' />
```

```
>
                <label style="padding-left: 10px;">City/State</label>
             <input type='text' />
             <label style="padding-left: 10px;">Zip</label>
             <input type='number' />
             >
             <label style="padding-left: 10px;">Country</label>
         <select>
                <option>India</option>
                <option>Other</option>
             </select>
         >
                <label style="padding-left: 10px;">Employer</label>
             <input type='text' />
             <label style="padding-</pre>
left: 10px;">Customer Source Type</label>
```

```
<select>
                  <option></option>
                  <option>Other</option>
               </select>
            <label style="padding-left: 10px;">Email</label>
            <input type="text"/>
            >
               <label style="padding-left: 10px;">Local Address</label>
            <input type='text' style="width: 100%;"/>
            <label style="padding-left: 10px;">Local phone</label>
            >
               <input type='number' />
            </form>
</body>
</html>
```