Internet and Web Programming CSE3002 Fall Semester 2020-21

Lab Assignment 1

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Question:

Design a website to demonstrate the knowledge of students in HTML tags, forms, table, list and HTML frames.

- Create a user registration webpage using HTML Form elements (Input types) for a hackathon event registration. The webpage must contain the following input types to get the details of the students
- ii. # Input Types:- Textfields, Textarea, checkbox, radio button, submit button, reset button, drop down box, images (if required).
- iii. # Apply styles, Formatting tags of HTML for good design.
- iv. # Embed audio or video.
- v. # Perform form validations with HTML 5 elements.

Code:

```
#mobNoHeading,
   #ideaHeading,
   #yearHeading,
   #branchHeading,
   #domainHeading{
       font-size: 1.2em;
       font-weight: 700;
       font-family: Verdana, Geneva, Tahoma, sans-serif;
   #name,
   #regNo.
   #email,
   #mobNo,
   #idea{
       height: auto;
       width: auto;
       padding: 5px 10px 5px 10px;
       text-transform: capitalize;
       background-color: rgb(20,20,20);
       border: 2px solid rgb(156,156,156);
       border-radius: 5px;
       color: white;
       font-size: 1.2em;
       font-family: Verdana, Geneva, Tahoma, sans-serif;
   #mobPrefix{
       border: 1px solid rgb(156, 156, 156);
       border-radius: 5px;
   div,
   #first,
   #second.
   #third,
   #fourth{
       font-size: 1.2em;
       font-family: Verdana, Geneva, Tahoma, sans-serif;
</style>
   <h1 align="center">Hackathon Registration</h1>
   <form action="submit" method="post">
       <label id="nameHeading" for="name">Name</label><br>
               <input type="text" id="name" name="name" required>
```

```
<label id="regNoHeading" for="regNo">Registration
Number</label><br>
               <input type="text" id="regNo" name="regNo" style="text-</pre>
transform: uppercase;" required>
               <label id="emailHeading" for="email">VIT Email</label><br>
               <input type="email" id="email" name="email" style="text-</pre>
transform: lowercase; pattern="[1-9]{2}[A-Z]{3}[0-9]{3}[1-9] title="Enter valid
registration number" required>
           <label id="mobNoHeading" for="mobNo">Mobile Number</label><br>
                   <input type="text" id="mobNo" name="mobNo" pattern="[1-9][0-</pre>
9]{9}" title="Enter valid mobile number" required>
               <label id="ideaHeading" for="ideaHeading">Idea
Description</label><br>
               <textarea type="text" id="idea" name="idea" cols="25" rows="5"</pre>
required></textarea>
               <label id="yearHeading" for="yearHeading">Year</label><br>
               <label id="first" for="">First</label>
                   <input name="year" type="radio" value="first" checked>
                   <label id="second" for="">Second</label>
                   <input name="year" type="radio" value="second">
                   <label id="third" for="">Third</label>
                   <input name="year" type="radio" value="thirst">
                   <label id="fourth" for="">Fourth</label>
                   <input name="year" type="radio" value="fourth">
```

```
<label id="branchHeading" for="branch">Branch</label>
              <select name="branch">
                     <option>Computer Science Engineering</option>
                     <option>Information Technology Engineering</option>
                     <option>Electronics and Communication Engineering
                     <option>Electronics and Electrical Engineering
                     <option>Electronics and Instrumentation
Engineering</option>
                     <option>Civil Engineering</option>
                     <option>Chemical Engineering
                     <option>Mechanical Engineering</option>
                  </select>
              <label id="domainHeading">Domain</label>
              <div id="checkbox">
                     <label for="">Backend</label>
                     <input name="role" class="role" type="checkbox"</pre>
value="backend">
                     <label for="">Web</label>
                     <input name="role" class="role" type="checkbox"</pre>
value="web">
                     <label for="">App</label>
                     <input name="role" type="checkbox" value="app">
                     <label for="">Designer</label>
                     <input name="role" type="checkbox" value="designer">
                     <label for="">0ther</label>
                     <input name="role" type="checkbox" value="other">
              <input type="submit" value="Submit">
                  <input type="reset" value="Clear">
```

Output:



