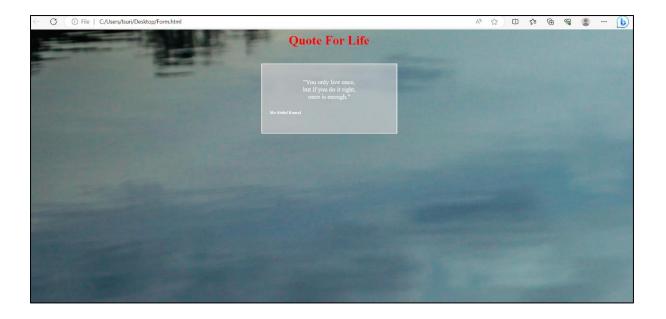
Question-01;

```
<html>
<head>
<title>List</title>
       <style>
               body
                  background attachment; fixed;
                  background size:cover;
               h1
                       text-aling:center;
                       margin-top:5px;
                       color:red;
               .transparent-box
                              background-color: rgba(235,225,225,0.5);
                              padding:20px;
                              border:2px solid white;
                               width:300px;
                              height:auto;
                              margin:0 auto;
               .transparent-box p
                              text-align:center;
                              color:white;
       </style>
</head>
<body background="a.jpg">
       <h1><center>Quote For Life</center></h1>
       <br/>br>
       <div class="transparent-box">
       "You only live once, <br/>but if you do it right, <br/>once is enough."
<h6><font color="white"><style="text-align:right;">Mr.Abdul Kamal</style></font></h6>
</body>
</html>
```



Question-02;

```
<html>
<head>
  <title>Form</title>
  <style>
     body {
       font-family: 'Gill Sans', 'Gill Sans MT', Calibri, 'Trebuchet MS', sans-serif;
       background-image: url(a.jpg);
       color: rgb(206, 179, 26);
     .center-box {
       width: 600px;
       height: 680px;
       background-color: rgb(18, 18, 57);
       margin: 0 auto;
       padding: 0px;
     .myg {
       text-align: center;
       width: 600px;
       height: 50px;
       font-size: 20px;
       background-color: rgb(247, 189, 83);
       color: #ffffff;
       line-height: 50px;
       margin: 0 auto 5px;
     .jk \{
       text-align: justify;
       text-decoration: none;
     table {
  width: 100%;
  padding: 0 50px 0 10px;
  }
td {
  padding: 10px;
label {
  display: inline-block;
  width: 120px;
input[type="text"],
```

}

```
input[type="email"],
input[type="tel"],
input[type="password"]{
  width: 100%;
  padding: 5px;
  border: 1px solid #ccc;
  border-radius: 4px;
}
select{
  width: 32%;
  padding: 5px;
  border: 1px solid #ccc;
  border-radius: 4px;
}
input[type="radio"],
input[type="checkbox"] {
  margin-right: 5px;
}
.fk,
.nj {
  width: 100px;
  height: 30px;
  color: #ffffff;
  border: none;
  border-radius: 4px;
  cursor: pointer;
}
.fk {
  background-color: green;
.nj {
  background-color: red;
}
.agree {
  padding-left: 170px;
.button{
  background: #c9940e;
  background-size: 80%;
  </style>
</head>
<body>
<div class="center-box">
```

```
<h1 class="myg">Sign Up</h1>
<form class="jk" >
 <label for="fname">First Name</label>
      <input type="text" placeholder="Enter First Name" id="fname" name="fname" required>
      <label for="lname">Last Name</label>
      <input type="text" placeholder="Enter Last Name" id="lname" name="lname" required>
    <label for="dob">Date of Birth</label>
      <select id="dob" name="dob" required>
          <option value="">Date</option>
          <option value="1">1</option>
          <option value="2">2</option>
          <option value="3">3</option>
          <option value="4">4</option>
        </select>
        <select id="dob" name="dob" required>
          <option value="">Month</option>
          <option value="j">January</option>
          <option value="f">February</option>
          <option value="m">March</option>
          <option value="a">April</option>
        </select>
        <select id="dob" name="dob" required>
          <option value="">Year</option>
          <option value="2000">2000</option>
          <option value="1999">1999</option>
          <option value="1998">1998</option>
          <option value="1997">1997</option>
        </select>
      <label for="gender">Gender</label>
```

```
<input type="radio" id="gender" name="gender" value="male" required>
    <label for="f">Male</label>
    <input type="radio" id="gender" name="gender" value="female" required>
    <label for="m">Femle</label>
 <label for="country">Country</label>
 <select id="country" name="country" required>
     <option value="sl">Sri Lanka</option>
     <option value="i">India</option>
     <option value="j">Japan</option>
     <option value="usa">USA</option>
    </select>
 <label for="email">Email</label>
 <input type="email" placeholder="Enter Email" id="email" name="email" required>
 <label for="pnum">Phone Number</label>
 <input type="tel" placeholder="Enter Phone" id="pnum" name="pnum" required>
 <label for="pwd">Password</label>
 <input type="password" id="pwd" name="pwd" required>
 <label for="cpwd">Confirm Password</label>
 <input type="password" id="cpwd" name="cpwd" required>
```

```
<input type="checkbox" id="terms" name="terms" required>
        <label for="terms"> I agree to the terms of use</label>
      >
      <input type="submit" value="Submit" class="fk">
        <input type="button" value="Cancel" class="nj">
      </form>
</div>
</body>
</html>
```

