

Name: Jayashri Dadmal

Assignment 1

Que.1 Resume

Code:

```
<!DOCTYPE html>
<html>
<head>
  <title>Resume</title>
<style>
  body {
    font-family: Arial, sans-serif;
    margin: 50px;
    line-height: 1.6;
  }
  h3 {
    background-color: rgb(241, 175, 236);
    border-bottom: 2px solid grey;
    border-radius: 5x;
    padding-bottom: 5px;
  }
  .section {
    margin-bottom: 30px;
  }
  table {
    width :100%;
    border-collapse: collapse;
  }
  th,td {
    text-align: left;
    padding :8px;
  }
  .resume {
    border: 2px solid rgb(150, 162, 215);
    padding: 30px;
    max-width: 800px;
    margin: auto;
  }
  div {
    background-color : rgb(222, 243, 130);
    border-radius:50px;
  }
}
```

```
</style>
</head>
<body>
<div class="resume" >
  <h3>Jayashri Dadmal</h3>
  <p>DOB : 05/12/1997<br>Email: jayashri2015d@gmail.com | Location: Kalyan ,Thane -
421306</p>

  <div class="section">
    <h3>Summary</h3>
    <span>Motivated and adaptable engineering graduate with strong learning abilities and
effective communication skills. Eager to contribute to a growth-oriented company by quickly
understanding new technologies and collaborating well in team environment</span>
  </div>
  <div class="section">
    <h3>Education</h3>
    <table cellpadding="10">
      <tr>
        <th>
          B.E. : Electronics and Telecommunication
        </th>
        <td >
          2019
        </td>
        <td>
          75.40%
        </td>
        <td>
          Nagpur University
        </td>
      </tr>
      <tr>
        <th >
          HSC
        </th>
        <td>
          2015
        </td>
        <td>
          78.46%
        </td>
        <td>
          Maharashtra State Board
        </td>
      </tr>
    </table>
  </div>
</div>
```

```
<th >
    SSC
</th>
<td>
    2013
</td>
<td>
    84.00%
</td>
<td>
    Maharashtra State Board
</td>
</tr> </table>
</div>
<h3>Internship</h3>

<div class="job-title">Bharat Electronics Limited ,Pune(2019)</div>
<h3>B.E. Project</h3>

<div class="job-title">Raspberry pi Based Text reader for blind
</div>
    <div class="section">
        <h3>Skills</h3>
        <p>C,C++,Java,SQL</p>
    </div>
    <div class="section">
        <h3>Hobbies</h3>
        <p>Cooking and Tree plantation</p>
    </div>

</div>
</body>
</html>
```

Jayashri Dadmal

DOB : 05/12/1997
 Email: jayashri2015d@gmail.com | Location: Kalyan ,Thane -421306

Summary

Motivated and adaptable engineering graduate with strong learning abilities and effective communication skills.
 Eager to contribute to a growth-oriented company by quickly understanding new technologies and collaborating well in team environment

Education

B.E. : Electronics and Telecommunication	2019	75.40%	Nagpur University
HSC	2015	78.46%	Maharashtra State Board
SSC	2013	84.00%	Maharashtra State Board

Internship

Bharat Electronics Limited ,Pune(2019)

B.E. Project

Raspberry pi Based Text reader for blind

Skills

C,C++,Java,SQL

Hobbies

Cooking and Tree plantation

Que2:Registration Form

Code:

```

<html>
<head>
<style>
body{
  margin-top:5pc;
  text-align: center;
}
.table1 {
  justify: center;
  width : 20pc;
  height:10pc;

  margin-left: 10px;
  margin-top: 5px;
  border:10px;
}
.formstyle{

```

```

text-align: left;
margin-left:20pc;
margin-right: 20pc;
border-radius: 50px;
height:50pc;
background-color:rgb(206, 156, 212);
padding-top: 10px;
padding-left: 10px;
border-color: black;
width:50pc;

}
.formstyle label{
margin-bottom: 10px;

}

#i2{
margin-left:7pc;
}
#i12{
margin-left:4.5pc;
}
#i11{
margin-left:5pc;
}
#i1{
margin-left:6pc;
}
#i3{
margin-left:10pc;
}

</style>

</head>
<body>
<div class="formstyle">
<h1>REGISTRATION FORM</h1>

<form>
<label style="padding-right: 10px;"type="text" required><label style="padding-left:
10px;">FIRST NAME :</label><input type="text" id="i11" required>(max 30
characters)</label><br>
<label>MIDDLE NAME :</label><input type="text" id="i12" required><label style="padding-left:
10px;">(max 30 characters)</label><br>

```

<label>LAST NAME :</label><input type="text" id="i1" required><label style="padding-left: 10px;">(max 30 characters)</label>

 <label>DATE OF BIRTH :</label><input type="date" id="i2" style="margin-left:10px;"required>

 <label>EMAIL ID :</label><input type="text" id="i3" required style="margin-left:5px;">

 <label>MOBILE NUMBER :</label><input type="number" id="i4">

 <label>GENDER :</label><input type="radio" id="i5" name="RRR"><label>Male</label>
 <input type="radio" name="RRR"><label>Female</label>

 <label>ADDRESS :</label><textarea></textarea>

 <label>CITY :</label><input type="text" required>

 <label>PINCODE :</label><input type="number" required>

 <label>STATE :</label><input type="text" required>

 <label>COUNTRY :</label><input type="text" required>

 <label>LANGUAGE KNOWN :</label>

 <input type="checkbox" id required><label>Hindi</label>

<input type="checkbox" required><label>English</label>

 <input type="checkbox" required><label>Marathi</label>

 <input type="checkbox" required><label>Others</label>

 <input type="text">

 <label>QUALIFICATION</label>
 <div class="table1">
 <table border="1" cellpadding="5" cellspacing="" >
 <tr>
 <th> Examination </th>
 <th>Board</th><th>Percentage</th><th>Year</th>
 </tr>
 <tr>
 <td>SSC</td>
 <td></td>
 <td></td>
 <td></td>
 </tr>
 <tr>
 <td>HSC</td>
 <td></td>
 <td></td>
 <td></td>
 </tr>
 <tr>
 <td>Graduation</td>
 <td></td>
 <td></td>
 <td></td>
 </tr>
 <tr>
 <td>Masters</td>
 <td></td>
 <td></td>
 <td></td>
 </tr>
 </table>
 </div>

</tr>

</table>

</div>

<div>

<p> <input type="checkbox" required>I hereby, declare that the information furnished above is true to the best of my knowledge</p>

</div>

</form>

</div>

</body>

</html>

REGISTRATION FORM

FIRST NAME : (max 30 characters)
MIDDLE NAME : (max 30 characters)
LAST NAME : (max 30 characters)
DATE OF BIRTH : dd - mm - yyyy
EMAIL ID :
MOBILE NUMBER :
GENDER : ☐ Male ☐ Female

ADDRESS :
CITY :
PINCODE :
STATE :
COUNTRY :
LANGUAGE KNOWN :
☐ Hindi
☐ English
☐ Marathi
☐ Others

QUALIFICATION

Examination	Board	Percentage	Year
SSC	<input type="text"/>	<input type="text"/>	<input type="text"/>
HSC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ I hereby, declare that the information furnished above is true to the best of my knowledge

Que.3:Login page

Code:

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width,initial-scale=1.0">

```

<title>Login Page</title>
<link rel ="stylesheet" href="login.css">
<style>
.wrapper{
    width:20pc;
    background-color:conicgradient(red,yellow);
    padding-left:10px;
    border: 10px solid rgb(220, 250, 85);
    margin-top: 10pc;
    border-radius:10px ;
    margin-left:10pc;

}
h1{
    padding-left:80px;
    padding-top:10px;
}
.input-box{
    margin-left:3pc;
    margin-bottom:5px;

}
.btn:hover {
    color:white;
    background-color:rgb(3, 214, 98);
}
.btn{
    margin-top:10px;
    margin-left:30px
}
.remember-forgot{
    padding-left:25px;
}
.signup{
    padding-left:30px;
}
#bdy{
    background:radial-gradient( yellow, green);
}
</style>
</head>
<body id="bdy">
<div class="wrapper">
<form action="">
<h1>Login</h1>
<div class="input-box">
    <input type="text" placeholder="Username" required>
</div>

```



```
<div class="input-box">
  <input type="password" placeholder="password" required>
</div>
<div class="remember-forgot"><label><input type="checkbox">Remember me</label>
  <a href="/forgot password">Forgot Password ?</a>
</div>
  <button type="submit" class ="btn">Login</button>
  <div class="signup"><p>Don't have account ?<a href="/new-user"> Sign Up</a></p>
</div>
</form>
</div>
</body>
</html>
```

