**Internship Project 1**

**Code:**

<!DOCTYPE *html*>

<html *lang*="en">

<head>

    <meta *charset*="UTF-8">

    <meta *http-equiv*="X-UA-Compatible" *content*="IE=edge">

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

    <title>Feedback Form</title>

    <link *rel*="stylesheet" *href*="https://maxcdn.bootstrapcdn.com/bootstrap/4.0.0/css/bootstrap.min.css" *integrity*="sha384-Gn5384xqQ1aoWXA+058RXPxPg6fy4IWvTNh0E263XmFcJlSAwiGgFAW/dAiS6JXm" *crossorigin*="anonymous">

</head>

<body *background*="./Images/IMG.jpg" *style*="background-size: 100%;">

    <h1 *align* ="center"><u>Product Purchase Form</u></h1>

    <*font* *size*="3" *face*="cambria">

    <form *method*="get" *target*="\_blank" *class*="container">

        <table>

            <tr>

                <td>

                    <lable *for*="username"><b> Name :</b></lable>

                </td>

                <td>

                    <input *type*="text" *name*="name" *size*="30" *maxlength*="20"></td></br>

                </td>

                <tr>

                    <td>

                    <lable *for*="Email"><b> E-mail :</b></lable>

                </td>

                <td>

                    <input *type*="email" *name*="email" *size*="30" *value*="" *required*/>

                </td>

            </tr>

            <tr>

                <td>

                    <label *for*="Gender"><b> Gender :</b></lable>

                </td>

                <td>

                    <input *type*="radio" *autocomplete*="off"> Male

                    <input *type*="radio" *autocomplete*="off"> Female

                    <input *type*="radio" *autocomplete*="off"> Other

                </td>

            </tr>

            <tr>

                <td>

                    <b *for*="Address"><b> Address :</b></lable>

                </td>

                <td>

                    <textarea *name*="address" *cols*="30" *rows*="5"> </textarea>

                </td>

            </tr>

            <tr>

                <td>

                    <lable *for*="city"><b> City : </b></lable>

                </td>

                <td>

                    <select *name*="city">

                        <option *selected*=" " *value*="default">(Please Select A City) </option>

                        <option *value*="AHM"> AHMEDABAD</option>

                        <option *value*="GH"> GANDHINAGAR</option>

                        <option *value*="MEH"> MEHSANA</option>

                        <option *value*="MI"> MUMBAI</option>

                        <option *value*="BR"> JAIPUR</option>

                    </select>

                </td>

            </tr>

            <tr>

                <td>

                    <lable><b> Select Day For Delivery :</b></lable>

                </td>

                <td>

                    <input *type*="checkbox" *name*="Mon" *Value*="yes">Monday<br>

                    <input *type*="checkbox" *name*="tue" *Value*="yes">Tuesday<br>

                    <input *type*="checkbox" *name*="wed" *Value*="yes">Wednesday<br>

                    <input *type*="checkbox" *name*="thu" *Value*="yes">Thrusday<br>

                    <input *type*="checkbox" *name*="fri" *Value*="yes">Fridayday<br>

                    <input *type*="checkbox" *name*="sat" *Value*="yes">Saturday<br>

                    <input *type*="checkbox" *name*="sun" *Value*="yes">Sunday<br>

                </td>

            </tr>

            <tr>

                <tr>

                    <td>

                        <label *for*="dt"><b> Date :</b></label>

                    </td>

                    <td>

                            <input *type*="date" *name*="date">

                    </td>

                </tr>

            </tr>

        </table>

        <br>

        <input *class*=".btn btn-success" *type*="submit" *name*="submit" *value*="Submit">

        <input *class*=".btn btn-danger" *type*="reset" *name*="reset" *value*="Reset">

    </form>

</body>

</html>