

## SMARTBRIDGE EXTERNSHIP Modern Application Development (Java Spring Boot)

### ASSIGNMENT-1

#### QUESTION:

CREATE ONE FORM WITH INPUT AND APPLY CSS FOR THAT.

```
<!DOCTYPE html>

<html>

<head>

<title> FORM </title>

</head>

<body>

<style>

body{

background-color:pink;

}

fieldset{

font-family: Arial;

font-size: 15px;

font-weight: 600;

line-height: 1.5;

text-align: left;

text-decoration:under-line;

}

</style>

<form action="Thankyou.html" method="post">

<form action="backend.php" method="Get/Post" target="_blank">

<fieldset>

<legend align="center"> Registration Form </legend>

<label for="First Name"> First Name: </label>

<input type="text" name="fname" id="fname" size="20" maxlength="35" placeholder="First name"/> <br/> <br/>
```

NAME: DASARI VIJAYA SREE

REG NO: 20MIS0280

<label for="user-password"> Password: </label>

<input type="password" name="user-password" id="user-password" required/>

<br/> <br/>

<label for="Lname"> Last Name: </label>

<input type="text" name="lname" id="lname"

size="20" maxlength="35" placeholder="Last Name" required/>

<br/> <br/>

<label for="phnumber"> Phone Number: </label>

<input type="number" name="phnumber" id="phnumber" size="10" maxlegth="10" placeholder="Phone Number" required />

<br/> <br/>

<label for="gender"> Gender: </label>

<input type="radio" name="female" id="female" checked required/> Female

<input type="radio" name="male" id="male"/> Male

<br/> <br/>

<label for="Hobbies"> Hobbies: </label> <br/>

<input type="checkbox" name="cricket" id="cricket" /> Cricket

<br/>

<input type="checkbox" name="listening music" id="listening music" /> Listening Music

<br/>

<input type="checkbox" name="Reading" id="Reading" /> Reading Books

<br/>

<input type="checkbox" name="Chess" id="Chess"/> Playing Chess

<br/> <br/>

<label for="address"> Address: </label> <br/>

<textarea cols="50" rows="10" name="address" id="address" placeholder="Type your address here" required></textarea> <br>

<br/>

<label for="date">DOB:</label>

<input type="date" name="dob" id="dob" required/> <br> <br> <!type="datetime/week/time" datetime(DOB()),Week(shows calender),time(--/-- watchsymbol))>

<label for="upload"> Upload certificate: </label>

<input type="file" name="fileupload" id="fileupload" required/> <!accept="image/\*" it is used to accept only wanted file extensions,images,videos type(.mp4,.mp3,.pdf)> <br/> <br/>

<label for="course"> Desired Branch: </label>

<select required >

<option value="EEE" > Course </option>

```

<option value="CSE"> CSE </option>

<option value="Chemical"> Chemical </option>

<option value="ECE" selected> ECE </option>

<option value="Civil"> Civil </option>

</select> <br/>

<br/>

<button name="button" value="ok" type="button" >Submit</button><br/><br/>

<input type="reset" name="reset" id="reset" value="reset"><br/><br/>

</fieldset>

</form>

</body>

</html>

```

## SCREENSHOTS:

```

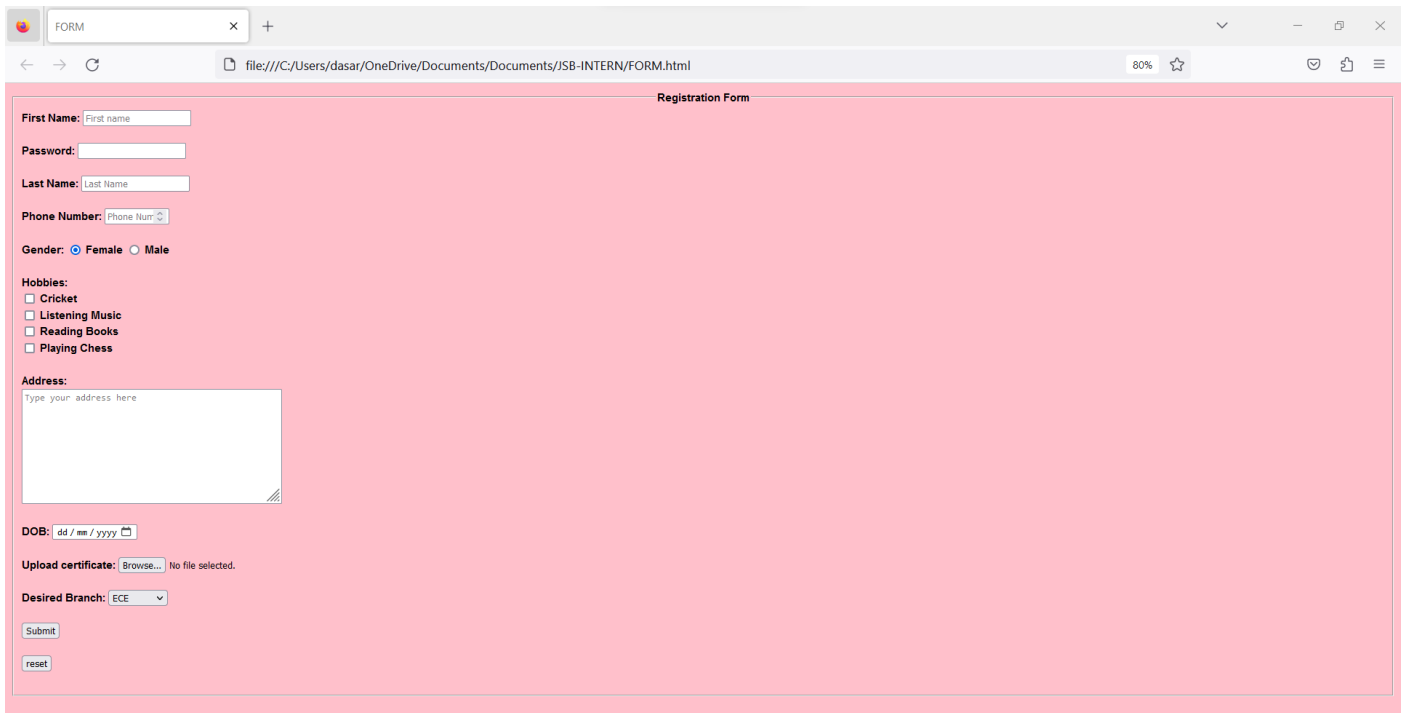
1  <!DOCTYPE html>
2  <html>
3  <head>
4  <title> FORM </title>
5  </head>
6  <body>
7
8  <style>
9  body{
10 background-color: pink;
11 }
12 fieldset{
13 font-family: Arial;
14 font-size: 15px;
15 font-weight: 600;
16 line-height: 1.5;
17 text-align: left;
18 text-decoration: under-line;
19 }
20 </style>
21
22 <form action="Thankyou.html" method="post">
23 <form action="backend.php" method="Get/Post" target="_blank">
24 <fieldset>
25 <legend align="center"> Registration Form </legend>
26 <label for="First Name"> First Name: </label>
27 <input type="text" name="fname" id="fname" size="20" maxlength="35" placeholder="First name"/> <br/> <br/>
28 <label for="user-password"> Password: </label>
29 <input type="password" name="user-password" id="user-password" required/>
30 <br/> <br/>
31 <label for="Lname"> Last Name: </label>
32 <input type="text" name="lname" id="lname"
33 size="20" maxlength="35" placeholder="Last Name" required/>
34 <br/> <br/>
35 <label for="phnumber"> Phone Number: </label>
36 <input type="number" name="phnumber" id="phnumber" size="10" maxlegth="10" placeholder="Phone Number" required />
37 <br/> <br/>
38 <label for="gender"> Gender: </label>
39 <input type="radio" name="female" id="female" checked required/> Female
40 <input type="radio" name="male" id="male"/> Male
41 <br/> <br/>
42 <label for="Hobbies"> Hobbies: </label> <br/>
43 <input type="checkbox" name="cricket" id="cricket" /> Cricket
44 <br/>
45 <input type="checkbox" name="listening music" id="listening music" /> Listening Music
46 <br/>
47 <input type="checkbox" name="Reading" id="Reading" /> Reading Books
48 <br/>
49 <input type="checkbox" name="Chess" id="Chess"/> Playing Chess
50 <br/> <br/>
51 <label for="address"> Address: </label> <br/>
52 <textarea cols="50" rows="10" name="address" id="address" placeholder="Type your address here" required/></textarea> <br/> <br/>
53 <label for="date"> DOB: </label>
54 <input type="date" name="dob" id="dob" required/> <br/> <br/> <[type="datetime/week/time" datetime(DOB(), Week(shows calender), time(--/-- watchsymbol))>
55 <label for="upload"> Upload certificate: </label>
56 <input type="file" name="fileupload" id="fileupload" required/> <[accept="image/*" it is used to accept only wanted file extensions, images, videos type(.mp4, .mp3, .pdf)] <br/> <br/>
57 <label for="course"> Desired Branch: </label>
58 <select required >
59 <option value="EEE" > Course </option>
60 <option value="CSE"> CSE </option>
61 <option value="Chemical"> Chemical </option>
62 <option value="ECE" selected> ECE </option>
63 <option value="Civil"> Civil </option>
64 </select> <br/>
65 <br/>
66 <button name="button" value="ok" type="button" >Submit</button><br/><br/>
67 <input type="reset" name="reset" id="reset" value="reset"><br/><br/>
68 </fieldset>
69 </form>
70 </body>
71 </html>

```

NAME: DASARI VIJAYA SREE

REG NO: 20MIS0280

## OUTPUT:



The screenshot shows a web browser window with a single tab titled 'FORM'. The address bar displays the file path: `file:///C:/Users/dasar/OneDrive/Documents/Documents/JSB-INTERN/FORM.html`. The browser interface includes back, forward, and refresh buttons, as well as zoom and search icons. The page content is a registration form with the following fields and options:

- First Name:** Text input field with placeholder text 'First name'.
- Password:** Text input field.
- Last Name:** Text input field with placeholder text 'Last Name'.
- Phone Number:** Text input field with placeholder text 'Phone Num:' and a small icon.
- Gender:** Radio button options for **Female** (selected) and **Male**.
- Hobbies:** A group of four checkboxes: **Cricket**, **Listening Music**, **Reading Books**, and **Playing Chess**.
- Address:** A large text area with placeholder text 'Type your address here'.
- DOB:** A date input field with placeholder text 'dd / mm / yyyy' and a calendar icon.
- Upload certificate:** A button labeled 'Browse...' followed by the text 'No file selected.'
- Desired Branch:** A dropdown menu currently showing 'ECE'.
- Submit:** A button at the bottom left.
- reset:** A button at the bottom left, below the Submit button.