

PRACTICAL: 3

AIM:- Write an HTML page that contains various images and text which will be shown/hidden based on screen size using CSS media query.

<Form.html>

```
<!DOCTYPE html>
<html lang="en">
<head>
<meta charset="UTF-8">
<meta name="viewport" content="width=device-width, initial-scale=1.0">
<link rel="preconnect" href="https://fonts.googleapis.com">
<link rel="preconnect" href="https://fonts.gstatic.com" crossorigin>
<link
href="https://fonts.googleapis.com/css2?family=Poppins:wght@300&display=swap"
rel="stylesheet">
<title>Practical 3 (Registration Form)</title>
<link rel="stylesheet" href="Form.css">
</head>
<body>
<div class="Contener">
<h1>Registration Form</h1>
<hr>
<form action="">
<h3>Personal Details</h3>
<div class="form-div1">
<div class="form-ope">
<label>Full Name</label>
<input type="text" name="name" placeholder="">
</div>
<div class="form-ope">
<label>Date of Birth</label>
<input type="date" name="dob">
</div>
<div class="form-ope">
<label>Email</label>
<input type="email" name="email">
</div>
<div class="form-ope">
<label>Mobile Number</label>
<input type="tel" name="name">
</div>
<div class="form-ope">
<label>Gender</label>
<select name="genders">
<option value="dis-op" disabled="disabled" selected="true">Select
Gender</option>
<option value="male">Male</option>
<option value="female">Female</option>
```

```
</select>
</div>
<div class="form-ope">
<label>Occupation</label>
<input type="text" name="occupation">
</div>
</div>
<h3>Idendity Details</h3>
<div class="form-div-2">
<div class="form-ope">
<label>ID Type</label>
<input type="text" name="id_type">
</div>
<div class="form-ope">
<label>ID Number</label>
<input type="number" name="dob">
</div>
<div class="form-ope">
<label>Issued Authority</label>
<input type="text" name="iss-authority">
</div>
<div class="form-ope">
<label>Issued State</label>
<input type="text" name="iss-state">
</div>
<div class="form-ope">
<label>Issued Date</label>
<input type="date" name="iss-date">
</div>
<div class="form-ope">
<label>Expiry Date</label>
<input type="date" name="ex-date">
</div>
</div>
<div class="sumbit">
<button class="btn">Next</button>
</div>
</form>
</div>
</body>
</html>
```

<Form.css>

```
* {
margin: 0;
padding: 0;
font-family: 'Poppins', sans-serif;
}
body {
background-color: rgb(4, 132, 236);
display: flex;
justify-content: center;
align-items: center;
}
.Contener {
margin-top: 150px;
border-radius: 10px;
position: relative;
padding: 25px;
background-color: #fff;
width: 45%;
height: 70%;
justify-content: space-around;
align-items: center;
}
h3 {
margin-top: 20px;
margin-left: 10px;
}
.form-div1 {
position: relative;
}
.form-ope {
margin: 10px 40px 10px 10px;
display: inline-block;
width: 25%;
}
.form-ope > input {
padding: 5px;
width: 100%;
}
.form-ope > select {
padding: 5px; width: 109%;
}
.btn {
background-color: rgb(4, 132, 236);
padding: 10px 50px;
border-radius: 5px;
margin-left: 10px;
margin-top: 20px;
```

```
color: #fff;
}
.btn:hover{
color: white;
}
@media only screen and (max-width:500px) {
body{
background-color: blue;
align-items: center;
}
.Contener{
flex-wrap: wrap;
}
.form-div1 {
flex-wrap: wrap;
}
.form-div-2{
flex-wrap: wrap;
}
.form-ope{
flex-wrap: wrap;
}
.submit{
flex-wrap: wrap;
}
label{
flex-wrap: wrap;
}
input{
flex-wrap: wrap;
}
}
```

Output_Screenshots:

Registration Form

Personal Details

Full Name <input type="text" value="Kushal"/>	Date of Birth <input type="text" value="28-11-2004"/>	Email <input type="text" value="kushal@gmail.com"/>
Mobile Number <input type="text" value="7043508249"/>	Gender <input type="text" value="Male"/>	Occupation <input type="text" value="Student"/>

Identity Details

ID Type <input type="text" value="Student"/>	ID Number <input type="text" value="113"/>	Issued Authority <input type="text" value="Manger"/>
Issued State <input type="text" value="Gujrat"/>	Issued Date <input type="text" value="26-09-2023"/>	Expiry Date <input type="text" value="26-09-0202"/>

[Next](#)

Registration Form

Personal Details

Full Name <input type="text" value="Kushal"/>	Date of Birth <input type="text" value="28-11-20"/>
Email <input type="text" value="kushal@gn"/>	Mobile Number <input type="text" value="704350824"/>
Gender <input type="text" value="Male"/>	Occupation <input type="text" value="Student"/>

Identity Details

ID Type <input type="text" value="Student"/>	ID Number <input type="text" value="113"/>
Issued Authority <input type="text" value="Manger"/>	Issued State <input type="text" value="Gujrat"/>
Issued Date <input type="text" value="26-09-2"/>	Expiry Date <input type="text" value="26-09-0"/>

[Next](#)