**ASSIGNMENT – 1**

**Name: Satuluri Likhitha Naga Vigneswari**

**Reg no: 20BCE7248**

**QUESTION:**

**Create one form with input and apply CSS for that.**

**CODE:**

<!DOCTYPE html>

<html>

<head>

  <title>Email Form</title>

  <style>

    /\* CSS styles \*/

    body {

      font-family: Verdana, Geneva, Tahoma, sans-serif;

      background-color: rgb(143, 186, 214);

      background-image: url("Vit-ap.jpeg");

      background-size: cover;

    }

    .container {

      max-width: 400px;

      margin: 0 auto;

      padding: 40px;

      border-radius: 50px;

      box-shadow: 0 2px 5px rgba(46, 236, 40, 0.1);

    }

    .form-group {

      margin-bottom: 20px;

    }

    .form-group label {

      display: block;

      font-weight: bold;

      margin-bottom: 15px;

    }

    .form-group input[type="text"],

    .form-group input[type="email"],

    .form-group input[type="password"] {

      width: 90%;

      padding: 10px;

      border-radius: 5px;

      border: 1px solid #ccc;

    }

    .form-group input[type="submit"] {

      background-color: #0a1f7a;

      color: rgb(151, 163, 10);

      border: none;

      padding: 10px 20px;

      border-radius: 3px;

      cursor: pointer;

    }

    .form-group input[type="submit"]:hover {

      background-color: #8e0c3e;

    }

  </style>

</head>

<body>

  <div class="container">

    <h2>Email Form</h2>

    <form>

      <div class="form-group">

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

        <input type="text" id="name" name="name" required>

      </div>

      <div class="form-group">

        <label for="email">Email:</label>

        <input type="email" id="email" name="email" required>

      </div>

      <div class="form-group">

        <label for="pw1">Password:</label>

        <input type="password" id="pwd" name="pwd" required>

      </div>

      <div class="form-group">

        <input type="submit" value="Submit">

      </div>

    </form>

  </div>

</body>

</html>

**OUTPUT:**

