GANPAT UNIVERSITY
U.V. PATEL COLLEGE OF ENGINEERING
B.Tech 1st Semester CE/IT/CE-AI
2ES109 : Basics of Web Technology
Practical-8

Aim: - To study the HTML form.

A. Write the description for the following Tags i.e. Tag Type, Use, Attributes(Name, Value, and Description).

1. <form>

Attribute	Description	Value
name	Name of form	name
action	Specifies the document after the submission of the form data.	URL
method	HTTP method used for sending the data to the web server by the browser	get or post

Attribute	Description	Value
target	To display response which is received after submitting the form	_blank _self _parent _top

2. <input>

Attribute	Description	Value
Name	Unique name of control	Name
value	Provide an initial value inside the control	text
size	Specifies the width of the input in characters	number

3. <textarea>

Attribute	Description	Value
rows	Indicates the number of rows of text area box.	number
cols	Indicates the number of columns of text area box.	number
name	Identity of text area.	text

4. <label>:
   Attribute:
   for - Id of control

5. <fieldset>:
   •The <fieldset> element is used to group the related information of a form.
   •The <legend> element provide caption for the grouped elements.
   •<legend> element always used inside the <fieldset> element.

6. <legend>:
   The `<legend>` tag defines a caption for the <fieldset> element.

7. <select>

Attribute	Description	Value
name	specify a name of the drop-down list.	text
size	specify the number of visible options in a drop-down list.	number
multiple	Identity of text area.	true/false

8. <option>

Attribute	Description	Value
value	Specifies the value to be sent to a server.	text
selected	Specifies that an option should be pre-selected when the page loads.	selected
label	Specifies a shorter label for an option.	text

.

9. <optgroup>:

- Make group of related options in a <select> element and label it.

B.Exercise :

1. Design a HTML form with all input types which display the following output
CODE:

```
<html>
  <head>
    <title> Pra 8_1
    </title>
    <body>
      <h1 align ="left">Product Purchase Form</h1>
      <hr size="3" color="orange"/>
      <font size="3" face="cambria">
        <form method="get" action=mailto:malaythakkar20@gnu.ac.in
target=_blank >
          <table>
            <tr>
              <td>
                <lable for="username"> Name :</lable>
              </td>
              <td>
                <input type="text" name="name" size="30"
maxlength="20"></td> </br>
              </td>
              <tr>
                <td>
                <lable for="Email"> E mail :</lable>
              </td>
              <td>
                <input type="email" name="email" size="60" value=""
required/>
              </td>
            </tr>
```
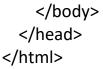
```
<tr>
  <td>
    <lable for="Contact"> Telephone :</lable>
  </td>
  <td>
    <input type="number" name="Phone" size="15"
maxlength="10"required placeholder="Min 10 Digit No"/>
  </td>
</tr>
<tr>
  <td>
    <lable for="Address"> Address :</lable>
  </td>
  <td>
    <textarea name="address" cols="30" rows="5">
</textarea>
  </td>
</tr>
<tr>
  <td>
    <lable for="Zip"> Zip Code :</lable>
  </td>
  <td>
    <input type="number" name="zip" autofocus >
  </td>
</tr>
<tr>
  <td>
    <lable for="city"> City : </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>
```

```html
          <option value="MI"> MUMBAI</option>
          <option value="BR"> JAIPUR</option>
        </select>
      </td>

    </tr>
    <tr>
      <td>
        <lable for="State"> State :</lable>
      </td>
      <td>
        <select>
          <optgroup lebel="Select State - IND">
            <option value="GJ"> GUJRAT</option>
            <option value="MH"> MAHARASHTRA</option>
            <option value="RJ"> RAJSTHAN</option>
          </optgroup>
          <optgroup lebel="Select State - CA">
            <option value="ON"> ONTARIO</option>
            <option value="QB"> QUEBEC</option>
            <option value="ALB"> ALBERTA</option>
          </optgroup>
        </select>
      </td>
    </tr>
    <tr>
      <td>
        <lable for="country"> Country :</lable>
      </td>
      <td>
        <select name="country" size="4" multiple>
          <option selected=" " value="default">(Please Select A
Country) </option>
          <option value="AF"> AUSTRALIA</option>
          <option value="CN"> CANADA</option>
          <option value="IN"> INDIA</option>
          <option value="RS"> RUSSIA</option>
```
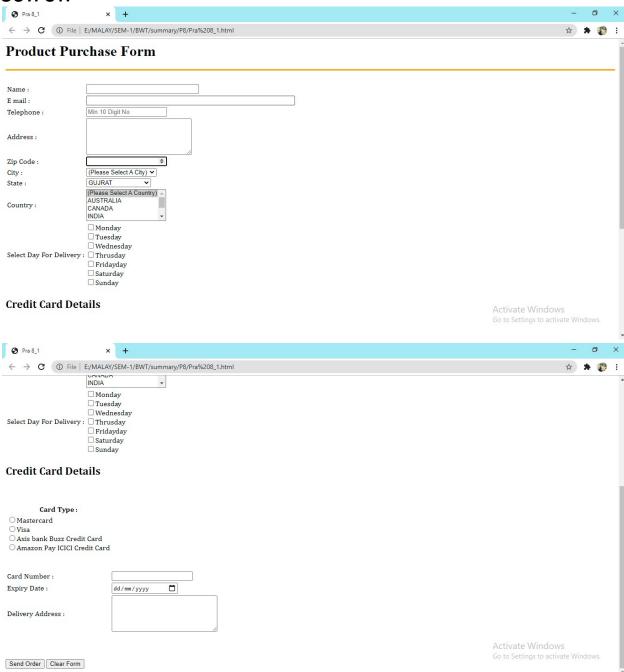
```
                    <option value="US"> USA</option>
                    </select>
                  </td>
               </tr>
               <tr>
                  <td>
                    <lable> Select Day  For Delivery :</lable>
                  </td>
                  <td>
                    <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>
            </table>
            <h2><b> Credit Card Details </b><br></h2>
            <table>
               <tr>
                  <th> Card Type :</th><br>
               </tr>
               <tr>
                  <td>
                    <input
type="radio"name="card"value="master">Mastercard<br>
                    <input type="radio"name="card"value="visa">Visa<br>
```

```
                    <input type="radio"name="card"value="axis">Axis bank
Buzz Credit Card <br>
                    <input type="radio"name="card"value="Ap">Amazon Pay
ICICI Credit Card<br>
                    <br><br>
                  </td>
                </tr>
                <tr>
                  <td>
                    <lable for="Cd"> Card Number :</lable>
                  </td>
                  <td>
                    <input type="number" name="name" size="30"
maxlength="12"></td> </br>
                  </td>
                  <tr>
                    <td>
                      <label for="dt"> Expiry Date :</label>
                    </td>
                    <td>
                        <input type="date" name="date">
                    </td>
                  </tr>
                  <tr>
                    <td>
                      <lable for="Address">Delivery Address :</lable>
                    </td>
                    <td>
                      <textarea name="address" cols="30" rows="5">
</textarea>
                    </td>
                  </tr>
              </table><br><br><br>
                  <input type="submit" name="submit" value="Send Order">
                  <input type="reset" name="reset" value="Clear Form">
            </form>
          </font>
```

```
        </body>
      </head>
    </html>
```

OUTPUT:

2 . Design a HTML Page which displays the output in the following format.
CODE:

```
<html>
  <head>
    <title> Pra 8_2</title>
  </head>
  <body>
    <h1> Share Your Experience With Us</h1>
    <hr size="5" color="orange"/>
    <form id="orderform" autocomplete="on">
      <fieldset>
        <legend> Customer Info </legend>
        <p>
          <label> Name:
            <input id="fullname" name="name" type="text"
             placeholder="Enter Your Name" autofocus required
size="50">
          </label>
        </p>
        <p>
          <label> Telephone :
            <input id="tel" name="Telephone"type="tel" required
size="50"
              placeholder="pattern: 1-234-567-8910"
              pattern="(
                  [0-9]{1}
                  (-[0-9]{3})
                  (-[0-9]{3})
                  (-[0-9]{4})
                )">
          </label>
        </p>
        <tr>
```

```
            <td>
            <lable for="Email"> E mail Address:</lable>
        </td>
        <td>
            <input type="email" name="email" size="60" value=""
required
            placeholder="Enter your email address">
        </td>
    </tr>
    </fieldset>
    <fieldset>
        <legend> Product Review </legend>
        <p>
            <label> Product Image :
                <label for="img">
                    <input type="file" id="img" name="img"
accept="image/*">
                </label><br>

                <label>
                    <br> Comment :  <textarea  cols="30" rows="5"
name="reason">
                                </textarea><br><br>

                    <lebel>
                            Rating : <input name="form_number"
id="form_number"
                                                    type="number"
min="1" max="5">
                    </lebel>
            <p>
        </fieldset>
        <br>
```

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

</form>
</body>
</html>

OUTPUT: