**Name: T.P.G.M. Mahedani**

**Id: 26897**

**WEB LAB 04.**

01)

<html>

<head>

<title><b>Registration Form</b></title>

<style>

/\* Basic styling for the form \*/

form {

max-width: 400px;

margin: 0 auto;

padding: 20px;

}

label {

display: block;

margin-bottom: 8px;

}

input[type="text"],

input[type="tel"],

input[type="email"],

select,

textarea {

width: 100%;

padding: 8px;

margin-bottom: 16px;

}

input[type="radio"],

input[type="checkbox"] {

margin-right: 8px;

}

textarea {

resize: vertical;

height: 100px;

}

input[type="submit"],

input[type="reset"] {

padding: 8px 16px;

cursor: pointer;

}

</style>

</head>

<body>

<h1>User Registration Form</h1>

<form action="#" method="post">

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

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

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

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

<label for="mobileNumber">Mobile Number:</label>

<input type="tel" id="mobileNumber" name="mobileNumber" pattern="[0-9]{10}" required>

<label>Gender:</label>

<label for="male">Male</label>

<input type="radio" id="male" name="gender" value="male">

<label for="female">Female</label>

<input type="radio" id="female" name="gender" value="female">

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

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

<label for="favoriteMusic">Favorite Music:</label>

<select id="favoriteMusic" name="favoriteMusic">

<option value="POP">POP</option>

<option value="Rock">Rock</option>

<option value="Other">Other</option>

</select>

<label for="additionalDetails">Additional Details:</label>

<textarea id="additionalDetails" name="additionalDetails"></textarea>

<label for="agreeTerms">

<input type="checkbox" id="agreeTerms" name="agreeTerms" required>

I agree to the terms and conditions

</label>

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

<input type="reset" value="Reset">

</form>

</body>

</html>

02)

<html>

<head>

</head>

<body>

<legend>Car Registration</legend>

<fieldset>

<label for="owner-name">Owner Name:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp; </label>

<input type="text" id="owner-name"placeholder="Owner Name" required>

<br><br>

<label for="email-name">Email Name:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="text" id="email-name" placeholder="Email Name" required>

<br><br>

<label for="phone-number">Phone Number:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="text" id="phone-number" placeholder="Phone Number" required>

<br><br>

<label for="country">Country:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<select id="country" required>

<option value="" disabled selected>Sri Lanaka</option>

<!-- Add more country options here -->

<option value="In">India</option>

<option value="Ko">Korea</option>

<!-- Add more country options here -->

</select>

<br><br>

<label for="car-model">Car Model:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="text" id="car-model" placeholder="Car Model" required>

<br><br>

<label for="manufacture-year">Manufacture Year:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<select id="manufacture-year" required>

<option value="" disabled selected>Select Manufacture Year</option>

<!-- Add more manufacture-year options here -->

<option value="1">1 Year</option>

<option value="2">2 Year</option>

<option value="3">3 Year</option>

<!-- Add more manufacture-year options here -->

</select>

<br><br>

<label>Transmission:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="radio" id="manual" name="transmission" value="male">

<label for="manual">Manual</label>

<input type="radio" id="auto" name="transmision" value="auto">

<label for="auto">Auto</label>

<br><br>

<label for="other">Other:&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;</label>

<input type="other" id="confirm-other" placeholder=" " required>

<br><br>

<label>

<div id="tic-bar" onclick="toggleTicBar()"></div>

<input type="checkbox">I Agree to theconditions and terms

</label><br><br>

<button type="submit" value="submit">Submit</button> <button type="submit" value="submit">Reset</button>

</fieldset>

</body>

</html>