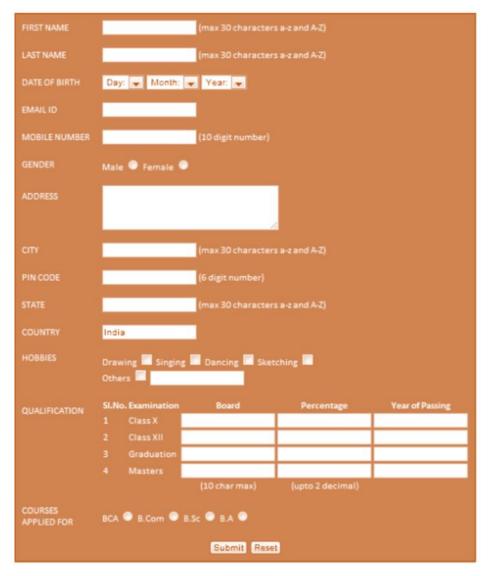
**Exno 1 d)** Develop a web page to create registration page using html form tags.

**Aim:** Develop a web page to create registration page using html form tags. The tentative registration page template is given below. Your page should include,

- a. Use table to create forms with proper alignment.
- b. Apply different html input types (text, number, checkbox, radio and so on)



(Reference: progmgpalace)

### HTML Tags need to be used:

Tags/elements/methods used	Attributes

<h1></h1>	
	Use rowspan and colspan
<form></form>	
<input/>	Use different types
HTTP methods	get, post
<label></label>	

#### **Procedure:**

- 1. Create an html file named as registration.html to design a page as per the abovementioned template.
- 2. Multiple pages can also be created and connected together using form actions.
- 3. Use HTTP methods (get and post) to understand the differences between them.
- 4. In notepad or any editor or IDE type the necessary code & save with the file name mentioned with .html extension display your time table.
- 5. To view your web page, simply double click your html file.

```
<Paste your code>
<!DOCTYPE html>
<html lang="en">
<head>
    <title>Registration</title>
</head>
<body style="background-color: coral; font-family: Arial, sans-serif;">
    <h1 align="center">Forms</h1>

    <t
```

```
<td
           style="text-align:
                         left; padding: 10px;"><label for="fName">FIRST
NAME:</label>
       <input type="text" id="fName" name="fName" maxlength="30"> (max 30)
characters a-z and A-Z)
       <td
           style="text-align:
                         left;
                              padding:
                                      10px;"><label for="lName">LAST
NAME:</label>
       <input type="text" id="lName" name="lName" maxlength="30"> (max 30
characters a-z and A-Z)
       style="text-align:left;
                           padding: 10px;"><label for="dob">DATE
                                                             OF
       <td
BIRTH:</label>
       <input type="date" id="dob" name="dob">
       style="text-align: left; padding: 10px;"><label for="Email">EMAIL
       <td
ID:</label>
       <input type="email" id="Email" name="Email">
```

```
<label for="number">MOBILE
NUMBER:</label>
       <input type="tel" id="number" name="number" maxlength="10"> (10 digit
number)
       style="text-align:
       <td
                               left;
                                        padding:
                                                   10px;"><label
for="gender">GENDER:</label>
       Male <input type="radio" id="genderMale" name="gender">
        Female <input type="radio" id="genderFemale" name="gender">
       10px;"><label
       <td
               style="text-align:
                               left;
                                        padding:
for="address">ADDRESS:</label>
       <textarea id="address" name="address" cols="35" rows="5"></textarea>
       <label for="city">CITY:</label>
       <input type="text" id="city" name="city" maxlength="30"> (max 30 characters a-z
and A-Z)
```

```
left;
        <td
                  style="text-align:
                                                padding:
                                                              10px;"><label
for="pincode">PINCODE:</label>
        <input type="text" id="pincode" name="pincode" maxlength="6" width="30px">
(6 digit number)
        <label for="state">STATE:</label>
        <input type="text" name="state" id="state" maxlength="30"> (max 30 characters
a-z and A-Z)
        style="text-align:left;
                                             padding:
                                                              10px;"><label
        <td
for="country">COUNTRY:</label>
        <input type="text" id="country" name="country" value="India" readonly>
        style="text-align:
                                      left;
                                                padding:
                                                              10px;"><label
        <td
for="hobbies">HOBBIES:</label>
        <label for="drawing">Drawing</label>
          <input type="checkbox" id="drawing" name="hobbies" value="Drawing">
          <label for="singing">Singing</label>
          <input type="checkbox" id="singing" name="hobbies" value="Singing">
          <label for="dancing">Dancing</label>
          <input type="checkbox" id="dancing" name="hobbies" value="Dancing">
```

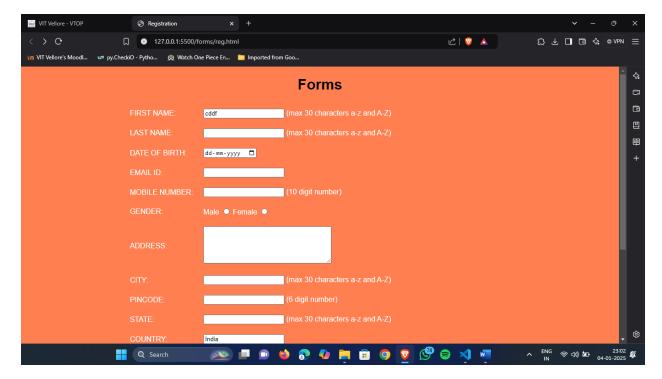
```
<label for="sketching">Sketching</label>
         <input type="checkbox" id="sketching" name="hobbies" value="Sketching">
         <br>
         <label for="otherHobby">Others</label>
         <input type="checkbox" id="otherHobby" name="hobbies" value="Others">
         <input
                  type="text"
                              name="otherHobbyText"
                                                   id="otherHobbyText"
placeholder="Specify other hobbies">
       <label for="qualify">QUALIFICATION:</label>
       >
         SI.No
            Examination
            Board
            Percentage
            Year of Passing
           1
            Class X
            <input type="text" id="boardX" name="boardX">
            <input type="text" id="percentageX" name="percentageX">
            <input type="text" id="yearX" name="yearX">
           2
```

```
Class XII
           <input type="text" id="boardXII" name="boardXII">
           <input type="text" id="percentageXII" name="percentageXII">
           <input type="text" id="yearXII" name="yearXII">
         3
           Graduation
           <input type="text" id="boardGrad" name="boardGrad">
           <input type="text" id="yearGrad" name="yearGrad">
         4
           Masters
           <input type="text" id="boardMasters" name="boardMasters">
                            type="text"
           <input
                                             id="percentageMasters"
name="percentageMasters">
           <input type="text" id="yearMasters" name="yearMasters">
         <td style="
                padding: 10px;"><label for="course">COURSES <br>APPLIED
FOR:</label>
       BCA <input type="radio" id="courseBCA" name="course">
        B.Com <input type="radio" id="courseBCom" name="course">
```

# <Paste cropped output>

		Forms			
FIRST NAME:		cddf (max 30 characters a-z and A-Z		cters a-z and A-Z)	
LAST NAME:		(max 30 characters a-z and A-Z)			
DATE OF BIRTH:		dd-mm-yyyy 📋			
EMAIL ID:					
MOBILE NUMBER:		(10 digit number)			
GENDER:		Male • Female	•		
ADDRESS			//		
CITY:		(max 30 characters a-z and A-Z)			
PINCODE:		(6 digit number)			
STATE:		(max 30 characters a-z and A-Z)			
COUNTRY:	India				
HOBBIES:  Drawing Singing Dancing Sketching Cothers Specify other hobbies					
QUALIFICATION:	SI.No Examina 1 Class X 2 Class XI 3 Graduat 4 Masters	I ion	Percentage	Year of Passing	
COURSES APPLIED FOR:	BCA ● B.Co	m ● B.Sc ● B.A ●	Reset		

## <Paste output screenshot with timestamp>



### **Result:**

Thus a registration web page was created using basic html form and table tags. The output was verified.