Tutorial 04

Exercise 01

<html>

<head>

<style>

p{

font-size: 60px;

font-weight: 900;

}

form{

border: 2px;

border-style: groove;

width: 500px;

height: 550px;

margin-left: 500px;

border-color: rgb(45, 45, 226);

}

</style>

</head>

<body>

<form class="form">

<center>

<caption><p>Registration Form</p></caption>

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

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

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

<input type="text"> <br>

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

<input type="text"> <br>

<label for="" class="label">Gender:</label>

<input type="radio"> Male

<input type="radio">Female <br>

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

<input type="text"> <br>

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

<input type="checkbox" name="" id="">POP

<input type="checkbox" name="" id="">Rock

<input type="checkbox" name="" id="">Other <br>

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

<textarea name="" id="" cols="30" rows="10"></textarea><br>

<input type="checkbox"> I agree to the terms and conditions <br>

<input type="submit" name="submit"> <input type="reset" name="" id="">

</center>

</form>

</body>

</html>

Exercise 02

<html>

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</style>

</head>

<body>

<form class="form">

<center>

<caption><p>Car Registration</p></caption>

<label for="" class="label">Owner Name</label>

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

<label for="" class="label">Email</label>

<input type="text"> <br>

<label for="" class="label">Phone Number</label>

<input type="text"> <br>

<label for="" class="label">Country</label>

<input type="text"> <br>

<label for="" class="label">Manufacture Year</label>

<input type="text"> <br>

<label for="" class="label">Car Model</label>

<input type="radio">Manual

<input type="radio">Auto <br>

<input type="checkbox" name="" id="">Other <br>

<label for=""></label>

<textarea name="" id="" cols="30" rows="10"></textarea><br>

<input type="checkbox"> I agree to the terms and conditions <br>

<input type="submit" name="submit"> <input type="reset" name="" id="">

</center>

</form>

</body>

</html>