# Uttara University

## Lab Report-01

**Course Title** : INTERNET PROGRAMMING SESSIONAL

**Course Code** : CSEC423

**Department** : Computer Science and Engineering

**Submitted To:**

Md. Harun-Ar-Rashid

Lecturer,

Department of CSE,

Uttara University

**Submitted by:**

Monsur Fuad Khan

ID: 2221081106

Batch : 56 (B)

Semester: Spring-2025

Submission Date: 02-02-2025

**Title:** Web Page Using HTML, CSS

# Working Procedure:

1. **Setup the HTML Structure:**

   o Created a structured **HTML** form inside a **div.container**.

   o Used input fields for collecting user details such as name, gender, marital status, country, email, phone number, address, and other personal information.

   o Used **radio** buttons for gender selection and a dropdown **(<select>)** for marital status and country selection.

2. **Applied CSS Styling:**

   o Designed the form using CSS, adding a responsive layout with **max-width**, **border-radius**, **box-shadow**, and padding.

   o Used **display: flex** for better alignment of name fields and row-based fields like gender and marital status.

   o Styled the submit button with hover effects.

3. **Implemented JavaScript for Dynamic Country List:**

   o Populated the country dropdown dynamically using JavaScript.

   o Used **map**() to generate country **<option>** elements efficiently.

4. **Ensured Basic Form Functionality:**

   o Added placeholder values for better user guidance.

   o Used **input type="date"**, **input type="email"**, and **input type="tel"** for appropriate validation.

# Source Code:

```html
1   <!DOCTYPE html>
2   <html lang="en">
3   <head>
4       <meta charset="UTF-8">
5       <meta name="viewport" content="width=device-width, initial-scale=1.0">
6       <title>Enrollment Form</title>
7       <style>
8           body {
9               font-family: Arial, sans-serif;
10              background-color: #F4F8D3;
11              margin: 0;
12              padding: 20px;
13          }
14          .container {
15              max-width: 600px;
16              background: #A6F1E0;
17              padding: 20px;
18              margin: auto;
19              border-radius: 8px;
20              box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
21          }
22          h2 {
23              text-align: center;
24          }
25          label {
26              font-weight: bold;
27              display: block;
28              margin-top: 10px;
29          }
30          input, select {
31              width: 100%;
32              padding: 8px;
33              margin-top: 5px;
34              border: 1px solid #ccc;
35              border-radius: 5px;
36          }
37          .name-group {
38              display: flex;
39              gap: 10px;
40          }
41          .name-group input {
42              flex: 1;
43          }
44          .row {
45              display: flex;
46              gap: 10px;
47          }
48          .row select {
49              flex: 1;
50          }
51          .address-group input {
52              margin-bottom: 10px;
53          }
54          .button {
55              display: block;
56              width: 100%;
57              padding: 10px;
58              background: #007bff;
59              color: white;
60              border: none;
61              border-radius: 5px;
62              font-size: 16px;
63              cursor: pointer;
64          }
65          .button:hover {
66              background: #0056b3;
67          }
68      </style>
```

```html
        }
    </style>
</head>
<body>
    <div class="container">
        <h2>Enrollment Form</h2>
        <label>Name</label>
        <div class="name-group">
            <input type="text" placeholder="First Name">
            <input type="text" placeholder="Middle Name">
            <input type="text" placeholder="Last Name">
        </div>
          
        <div class="row">
            <div>
                <label>Gender</label> 
                <div class="row">
                    <input type="radio" name="gender" value="male"> Male
                    <input type="radio" name="gender" value="female"> Female
                </div> 
            </div>
                    
            <div>
                <label>Marital Status</label>
                <select>
                    <option>Please Select</option>
                    <option>Single</option>
                    <option>Married</option>
                    <option>Divorced</option>
                    <option>Cohabiting</option>
                </select>
            </div>
        </div>
```

```html
            <div class="row">
                <input type="text" placeholder="District">
                <input type="text" placeholder="Division">
            </div>
            <input type="text" placeholder="Postal / Zip Code">
        </div>

        <button class="button">Submit</button>
    </div>
</body>
</html>
```

**Output:**

## Enrollment Form

**Name**

| First Name | Middle Name | Last Name |

**Gender**

○ Male  ○ Female

**Marital Status**

Please Select ▾

**Country**

Please Select ▾

**Religion**

**Date of Birth**

dd - - - - - yyyy

**Place of Birth**

**Email**

example@gmail.com

**Mobile Phone Number**

+880 1xxxxxxxxx

**Address**

Village

District    Division

Postal / Zip Code

Submit