5th EMPLOYEE

<!DOCTYPE html>

<html>

<head>

    <title>COLLEGE </title>

</head>

<style>

    body{

      background-image:url(89.jpg);

      background-size: cover;

      background-repeat: no-repeat;

      padding: 15px;

     background-color: rgb(211, 148, 240);

     color :black;

    }

  </style>

    <DIV >

        <center style ="font-size:60px;font-weight: bold;color: rgb(134, 55, 55);"> &emsp;&emsp;&emsp;&emsp;EMPLOYEE DETAILS </center>

</DIV>

<label for="firstname">FULL NAME:</label>

    <input type = "text"[size=5][name = "n"][value="name"] placeholder="name"></input>

    <br><br>

    <label for="pics">UPLOAD PICTURE</label>

    <input TYPE="file"id="pics"><br><br>

    <label for="DOB">DATE OF BIRTH:</label>

    <input type = "DATE" ID="DOB" [size=5][name = "DOB"][value="DOB" required] placeholder="DATE OF BIRTH"></input>

    <br><br>

    <label for="ADRESS">ADDRESS:</label>

    <input type = "text"[size="200"][name = "add"][value="address"] placeholder="address"></input>

    <br><br>

    <label for="gender">GENDER:</label>

    <select name="Gender">

        <option value="Male">Male</option>

        <option value="Female">Female</option>

    </select>

    <br><br>

    <label for="contact">CONTACT DETAILS:</label>

    <input type = "number"[size="200"][name = "NO"][value="NUMBER"] placeholder="contact number"></input>

    <br><br>

    <label for="marital">CIVIL STATUS:</label>

    <input type = "text"[size="200"][name = "NO"][value="marital"] placeholder="marital"></input>

    <br><br>

    <label for="spouse details">SPOUSE:</label>

    <input type = "text"[size="200"][name = "spouse"][value="spouse"] placeholder="spouse"></input>

    <br><br>

    <h1>JOB INFORMATION :</h1>

    <HR><br>

        <label for="work locatipon">LOCATION:</label>

        <input type = "text"[size="200"][name = "LOCATION"][value="LOCATION"] placeholder="location"></input>

        <br><br>

        <label for="date of joining">DATE OF JOINING:</label>

        <input type = "DATE" ID="DATE OF JOINING" [size=5][name = "DOB"][value="JOINING DATE" required] placeholder="joining date"></input>

        <br><br>

        <label for="SALARY">SALARY:</label>

        <input type = "text" [size=5][name = "salary"][value=" salary" required] placeholder="salary"></input>

        <br><br>

        <H1>CERTIFICATES:</H1>

        <HR>

            <form> <label for="certificates">UPLOAD CERTIFICATES : </label>

                <input type="file" id="certificates" multiple accept=".PDF"><br><br>

        <H1>Preferred way to Contact</H1>

        <hr>

        <select><option><--Contact--></option>

        <option>Phone</option><option>Email</option><option>Others</option></select><br><br>

         <H1>ADDITIONAL QUALITIES</H1>

         <hr>

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

            <label for="Typwriting">Typwriting</label><br>

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

            <label for="Computer skills">Computer skills</label><br>

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

            <label for="Sports">Sports</label><br><br>

            </body>

    </html>

COMMUNITY

<!DOCTYPE html>

<html>

<head>

<title>Login</title>

</head>

<body>

    &emsp;&emsp;&emsp;&emsp;&emsp;

    <center>

    <h2>Login</h2>

<form action="/login" method="post">

<label for="username">Username:</label>

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

<br><br>

<label for="password">Password:</label>

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

<br><br>

<button><a href="5TH2(I).html">login</a></button>

</center>

</form>

</body>

</html>

<!DOCTYPE html>

<html>

    <style>

        body{

          background-image:url(90.jpg);

          background-size: cover;

          background-repeat: no-repeat;

          padding: 15px;

         background-color: rgb(211, 148, 240);

         color :black;

        }

      </style>

    <body>

        <h2 style="font-family:lucida calligraphy"><center><font color="VIOLET">REGISTRATION FORM</font></h2>

        <HR><br>

            <form>

                <center><p style="font-size:22px">

                    <label for="pics">Profile Photo</label>

                  <input type="file" id="profile photo" multiple accept=".pdf"><br><br>

                    <label for="fname">FIRST NAME :</label>

            <input type="text "id="fname" NAME="fname"><br><br>

            <label for="lname">LAST NAME :</label>

            <input type="text"id="lname" NAME="lname"><br><br>

        <label for ="gender">GENDER :</label>

        <input type="radio" id="MALE" name="GENDER" value="MALE">

        <label for="MALE">MALE</label>

        <input type="radio" id="FEMALE" name="GENDER" value="FEMALE">

        <label for="FEMALE">FEMALE</label>

        <input type="radio" id="OTHERS" name="GENDER" value="OTHERS">

        <label for="OTHERS">OTHERS</label><br><br>

        <label for="age">AGE :</label>

        <Input type="number"id="age" NAME="age"><br><br>

            <label for="country">COUNTRY :</label>

            <select><OPTION>GERMANY</OPTION><OPTION>INDIA</OPTION><OPTION>JAPAN</OPTION><OPTION>CANADA</OPTION></select><br><br>

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

        <Input type="text"id="text" NAME="email"><br><br>

            <label for ="purpose">PURPOSE OF JOINING OUR COMMUNITY :</label><br><br>

            <input type="checkbox" id="purpose1" name="purpose1" value="TO IMPROVE MY KNOWLEDGE">

            <label for ="purpose">TO IMPEOVE MY DANCE SKILLS</label><br><br>

            <input type="checkbox" id="purpose2" name="purpose2" value="TO IMPEOVE MY DANCE SKILLS" >

            <label for ="purpose">TO EXPLORE MYSELF</label><br><br>

            <input type="checkbox" id="purpose3" name="purpose3" value="TO EXPLORE MYSELF">

            <label for ="purpose">TO BETTER MY CONFIDENCE LEVEL</label><br><br>

            <input type="checkbox" id="purpose4" name="purpose4" value="TO BETTER MY CONFIDENCE LEVEL">

            <label for="already a dancer?" >ALREADY A DANCER ? :</label>

            <input type="radio" id="YES" name="ALREADY A DANCER?" value="YES">

            <label for="YES">YES</label>

            <input type="radio" id="NO" name="ALREADY A DANCER?" value="NO">

            <label for="NO">NO</label></center>

            <!--Terms and Conditions Checkbox -->

           &emsp; &emsp; &emsp; &emsp; &emsp; &emsp; &emsp;

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

    <br><br></p>

        </form>

    </body>

</html>

4TH EMPLOOYEE

<!DOCTYPE html>

<html>

<head>

    <title>COLLEGE </title>

</head>

<style>

    body{

      background-image:url(li.jpg);

      background-size: cover;

      background-repeat: no-repeat;

      padding: 15px;

     background-color: rgb(211, 148, 240);

     color :black;

    }

  </style>

    <DIV >

        <center style ="font-size:60px;font-weight: bold;color: rgb(134, 55, 55);"> &emsp;&emsp;&emsp;&emsp;EMPLOYEE DETAILS </center>

</DIV>

<label for="firstname">FULL NAME:</label>

    <input type = "text"[size=5][name = "n"][value="name"] placeholder="name"></input>

    <br><br>

    <label for="pics">UPLOAD PICTURE</label>

    <input TYPE="file"id="pics"><br><br>

    <label for="DOB">DATE OF BIRTH:</label>

    <input type = "DATE" ID="DOB" [size=5][name = "DOB"][value="DOB" required] placeholder="DATE OF BIRTH"></input>

    <br><br>

    <label for="ADRESS">ADDRESS:</label>

    <input type = "text"[size="200"][name = "add"][value="address"] placeholder="address"></input>

    <br><br>

    <label for="gender">GENDER:</label>

    <select name="Gender">

        <option value="Male">Male</option>

        <option value="Female">Female</option>

    </select>

    <br><br>

    <label for="contact">CONTACT DETAILS:</label>

    <input type = "contact number"[size="200"][name = "NO"][value="NUMBER"] placeholder="contact number"></input>

    <br><br>

    <label for="marital">CIVIL STATUS:</label>

    <input type = "text"[size="200"][name = "NO"][value="marital"] placeholder="marital"></input>

    <br><br>

    <label for="spouse details">SPOUSE:</label>

    <input type = "text"[size="200"][name = "spouse"][value="spouse"] placeholder="spouse"></input>

    <br><br>

    <h1>JOB INFORMATION :</h1>

    <HR><br>

        <label for="work locatipon">LOCATION:</label>

        <input type = "text"[size="200"][name = "LOCATION"][value="LOCATION"] placeholder="location"></input>

        <br><br>

        <label for="date of joining">DATE OF JOINING:</label>

        <input type = "DATE" ID="DATE OF JOINING" [size=5][name = "DOB"][value="JOINING DATE" required] placeholder="joining date"></input>

        <br><br>

        <label for="SALARY">SALARY:</label>

        <input type = "text" [size=5][name = "salary"][value=" salary" required] placeholder="salary"></input>

        <br><br>

        <H1>CERTIFICATES:</H1>

        <HR>

        <label for="pics">10TH CERTIFICATE:</label>

    <INPUT TYPE="file"id="10TH CERTIFICATE"><BR><BR>

        <label for="pics">12TH CERTIFICATE:</label>

    <INPUT TYPE="file"id="12TH CERTIFICATE"><BR><BR>

        <label for="pics">UG DEGREE CERTIFICATE:</label>

    <INPUT TYPE="file"id="UG TH CERTIFICATE"><BR><BR>

        <label for="pics">PG DEGREE CERTIFICATE:</label>

    <INPUT TYPE="file"id="PG CERTIFICATE"><BR><BR>

        <H1>Preferred way to Contact</H1>

        <hr>

        <select><option><--Contact--></option>

        <option>Phone</option><option>Email</option><option>Others</option></select><br><br>

         <H1>ADDITIONAL QUALITIES</H1>

         <hr>

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

            <label for="Typwriting">Typwriting</label><br>

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

            <label for="Computer skills">Computer skills</label><br>

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

            <label for="Sports">Sports</label><br><br>

            </body>

    </html>

<!DOCTYPE html>

<html>

<head>

<title>Login</title>

</head>

<body>

    &emsp;&emsp;&emsp;&emsp;&emsp;

    <center>

    <h2>Login</h2>

<form action="/login" method="post">

<label for="username">Username:</label>

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

<br><br>

<label for="password">Password:</label>

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

<br><br>

<button><a href="7.html">login</a></button>

</center>

</form>

</body>

</html>

<!DOCTYPE html>

<html>

    <style>

        body{

          background-image:url(li.jpg);

          background-size: cover;

          background-repeat: no-repeat;

          padding: 15px;

         background-color: rgb(211, 148, 240);

         color :black;

        }

      </style>

    <body>

        <h2 style="font-family:lucida calligraphy"><center><font color="VIOLET">REGISTRATION FORM</font></h2>

        <HR><br>

            <form>

                <center><p style="font-size:22px"> <label for="fname">FIRST NAME :</label>

            <input type="text"id="fname" NAME="fname"><br><br>

            <label for="lname">LAST NAME :</label>

            <input type="text"id="lname" NAME="lname"><br><br>

        <label for ="gender">GENDER :</label>

        <input type="radio" id="MALE" name="GENDER" value="MALE">

        <label for="MALE">MALE</label>

        <input type="radio" id="FEMALE" name="GENDER" value="FEMALE">

        <label for="FEMALE">FEMALE</label>

        <input type="radio" id="OTHERS" name="GENDER" value="OTHERS">

        <label for="OTHERS">OTHERS</label><br><br>

        <label for="age">AGE :</label>

        <Input type="text"id="age" NAME="age"><br><br>

            <label for="country">COUNTRY :</label>

            <select><OPTION>GERMANY</OPTION><OPTION>INDIA</OPTION><OPTION>JAPAN</OPTION><OPTION>CANADA</OPTION></select><br><br>

            <label for ="purpose">PURPOSE OF JOINING OUR COMMUNITY :</label><br><br>

            <input type="checkbox" id="purpose1" name="purpose1" value="TO IMPROVE MY KNOWLEDGE">

            <label for ="purpose">TO IMPEOVE MY DANCE SKILLS</label><br><br>

            <input type="checkbox" id="purpose2" name="purpose2" value="TO IMPEOVE MY DANCE SKILLS" >

            <label for ="purpose">TO EXPLORE MYSELF</label><br><br>

            <input type="checkbox" id="purpose3" name="purpose3" value="TO EXPLORE MYSELF">

            <label for ="purpose">TO BETTER MY CONFIDENCE LEVEL</label><br><br>

            <input type="checkbox" id="purpose4" name="purpose4" value="TO BETTER MY CONFIDENCE LEVEL">

            <label for="already a dancer" >ALREADY A DANCER ? :</label>

            <input type="radio" id="YES" name="ALREADY A DANCER?" value="YES">

            <label for="YES">YES</label>

            <input type="radio" id="NO" name="ALREADY A DANCER?" value="NO">

            <label for="NO">NO</label></center>

            <!--Terms and Conditions Checkbox -->

           &emsp; &emsp; &emsp; &emsp; &emsp; &emsp; &emsp;

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

    <br><br></p>

        </form>

    </body>

</html>