ELITE

```html
<!DOCTYPE html>
<html>
  <head>
  <!-- Remove the Comments and fill up the relevant code -->
  <!-- Write necessary code wherever needed to complete this code challenge  -->
  <!-- Do specify all the component-ids correctly for your code to get evaluated successfully -->

    <title>Elite Travel Management</title>
            <style>

            input[type="number"] {
            width:98%;
            }
            input[type="text"] {
            width:98%;
            }
            input[type="date"] {
            width: 98%;
            }
            input[type="email"] {
            width:98%;
            }
            input[type="tel"] {
            width: 98%;
            }
            select {
            width: 98%;
            }

            .split {
            height: 100%;
            width: 50%;
            position: fixed;
            overflow: scroll;
            z-index: 1;
            top: 0;
            }

            .left {
        left: 0;
            }

            .right{
             right: 0;
             background-color: #74B14E;
             width:60%;
             padding: 10px;

            }
```

```css
#image{
  width: 120%;
  height: 90%;
}

h3{
text-align: center;
font-size: 20px;
font-family: Georgia;
border-radius: 6px;
padding: 5px;
}

table, h3{
border: 3px solid #FFFFFF;
border-spacing: 2px;
width:97%;
}

td{
border: 1px solid #FFFFFF;
color:#FFFFFF;
background-color: #6698FF ;
border-spacing : 5px;
}

#submit,h3{
color: #C21807;
font-weight: bold ;
background-color: #FFFFFF ;
}

table,td,#submit{
font-family: Georgia;
font-size: 15px;
border-radius:6px;
padding: 5px ;
}

#submit:hover {
background-color: #C21807;
color:#FFFFFF;
}

#offers:hover {
color: #C21807;
}

.b{
  color: #FFFFFF;
```

```html
                    }

                    .c{
                      color:#C21807;
                      font-size: 15px;
                      font-family: Georgia;
                      font-weight: bold;
                    }

                    .d{
                    border: 0px;;
                    }
                    </style>
            </head>

<body>
<script>

                    function show_value(x)
                    {
                    document.getElementById("demo").innerHTML=x;
                    }
</script>

<div class="split left"><img src="ELITE.png " id="image"></div>
<div class="split right">

<h3> ELITE TRAVEL MANAGEMENT </h3>
<table>
        <tr class="d">
          <td class="d"><a href="#travel" id="travel_info" class="b">Travel-info</a></td>
          <td class="d"><a href="#personal" id="personal_info" class="b">Personal-info</a></td>
          <td class="d"><a href="#preferences" id="preferences_info" class="b">Activities
Preferences</a></td>
        </tr>

        <tr>
          <td colspan="3" class="c" id="travel">Travel Information</td>
        </tr>

        <tr>
                <td>Select your travel destination : <br/>
                  <select id="destination">
                    <option value="Select.." required>Select..</option>
                    <option value="London">London</option>
                    <option value="Canada">Canada</option>
                    <option value="Mauritius">Mauritius</option>
                    <option value="Switzerland">Switzerland</option>
                  </select>
                </td>
                <td>Date of departure : <br/>
```

```html
        <input type="date" id="dateofdeparture" placeholder="dd-mm-yyyy" required>
      </td>
      <td>Date of arrival : <br/>
        <input type="date" id="dateofarrival" placeholder="dd-mm-yyyy" required>
      </td>
    </tr>

    <tr>
      <td><input type="number" id="kids" placeholder="No of kids" required></td>
      <td><input type="number" id="teens" placeholder="No of teens" required></td>
      <td><input type="number" id="adults" placeholder="No of adults" required></td>
    </tr>

    <tr>
      <td>Visa Assistance</td>
      <td class="d"><input type="radio"  name ="visa" id="yes" required>Yes</td>
      <td class="d"><input type="radio"  name ="visa" id="no" required>No</td>
    </tr>


    <tr>
      <td colspan="3" class="c" id="personal">Personal Information</td>
    </tr>

    <tr>
    <td>Customer Name</td>
    <td><input type="text" id="cname" placeholder="Enter the customer name" pattern="^[a-zA-Z\s]+$" required></td>
  </tr>

    <tr>
    <td>Phone Number</td>
        <td><input type="tel" id="phno" placeholder="Enter the phone number" pattern="[7-9]{1}[0-9]{9}" required></td>
  </tr>

    <tr>
        <td>Email ID</td>
      <td><input type="email" id="email" placeholder="Enter the email id" required></td>
  </tr>

    <tr>
        <td colspan="3" class="c" id="preferences">Activities Preferences</td>
  </tr>

    <tr class="d">
        <td class="d"><input type="checkbox" name="charges" id="museumsAndHistoricSites">Museums & Historic Sites</td>
        <td class="d"><input type="checkbox" name="charges" id="culture">Culture</td>
        <td class="d"><input type="checkbox" name="charges" id="beaches">Beaches</td>
    </tr>
```

```
            <tr>
                    <td class="d"><input type="checkbox" name="charges"
id="shopping">Shopping</td>
                    <td class="d"><input type="checkbox" name="charges" id="wildlife">Wildlife</td>
                    <td class="d"><input type="checkbox" name="charges" id="relaxing">Relaxing</td>

            </tr>
            <tr>
                    <td colspan="3" ><a href="#submit" class="b" id="offers">**Click here to unlock
exclusive offers</a></td>
            </tr>

</table>
<br>
<p><input type="button" id="submit" value="BUILD PACKAGE"></p>
</div>

</body>
</html>
```

///BEAUTY CARE

```html
<!DOCTYPE html>
<html>
<head>
  <!-- Remove the Comments and fill up the relevant code -->
  <!-- Write necessary code wherever needed to complete this code challenge  -->
  <!-- Do specify all the component-ids correctly for your code to get evaluated successfully -->
  <title>Beauty Care Center</title>
  <style>

::placeholder {
   color: #6A5ACD;
 opacity: 2;
}

input[type="email"], input[type="tel"], input[type="number"], input[type="text"],
input[type="date"], textarea, select, #services {
   width: 85%;
 color: #6A5ACD;
 font-weight: bold;
 background: transparent;
 border-radius: 6px;
 border-style: solid;
 border-width: 2px;
 border-color: #FFA07A;
}

input[type="button"] {
 background-color: #08088A;
}

input[type="checkbox"]#terms:checked+a {
 color: #40ff00;
}

body {
   /* Fill the attribute and value */
   background-color: #000000;
}

h3 {
   /* Fill the attributes and values */
   color: #FFFFFF;
   background-color: #2F4F4F;
   margin-left: auto;
   margin-right:auto;
   text-align: center;
   width: 35%;
   font-family: Verdana;
   border-style: 1px solid;
```

```css
        border-radius: 6px;

}

label span{
  color: #F0F8FF;
}

table {
  /* Fill the attributes and values */
  width: 30%;
  border-style: 3px groove;
  margin-left: auto;
  margin-right: auto;
  border-spacing: 5px;
  border-radius: 6px;
}

#appointment td {
 /* Fill the attributes and values */
 border-width: 1px;
 border-style: solid;
 border-color: #F4A460;
 padding: 8px;
}

#terms_ref {
    color: #00bfff;
}

#submit {
 /* Fill the attributes and values */
 color:#FFEFD5;
 font-weight: bold;
 background-color: transparent;
 border-radius: 6px;
}

#submit:hover {
   background-color: #2E8B57;
 color: #FFFFFF;
}

.b {
 /* Fill the attributes and values */
 width: 50%;
 margin-left: auto;
 margin-right: 14em;

}
</style>
```

```html
</head>

<body>

<h3><!-- Fill the heading text -->Beauty Care Center-Appointment</h3>
<table id="appointment">
 <tr>
  <th id="details" colspan="2"></th>
 </tr>
 <tr>
  <td>
   <label><span><b>Name*</b></span>:</label>
  </td>
  <td>
    <input type="text" name="name" id="name" placeholder="Enter your name" required/>
   <!-- Fill the code for Name -->
  </td>
 </tr>

 <tr>
  <td>
   <label><span><b>Gender*</b></span>:</label>
  </td>
  <td>
   <!-- Fill the code for Gender -->
    <input type="radio" id="male" name="gender" value="Male" ><label><span><b> Male
</b></span></label>
    <input type="radio" id="female" name="gender" value="Female" ><label><span><b>
Female</b></span></label>
    <input type="radio" id="others" name="gender" value="Others" > <label><span><b>
Others</b></span></label>
  </td>
 </tr>

 <tr>
  <td>
   <label><span><b>E-mail address</b></span>:</label>
  </td>
  <td>
    <input type="email" name="email" id="email" placeholder="Example:abc@gmail.com"
required/>
   <!-- Fill the code for E-mail address -->

  </td>
 </tr>
 <tr>
  <td>
   <label><span><b>Mobile No*</b></span>:</label>
  </td>
  <td>
```

```html
      <input type="tel" name="mobileNo" id="mobileNo" placeholder="Enter your mobile no"
required/>

   <!-- Fill the code for Mobile No -->

 </td>
</tr>

<tr>
 <td>
 <label><span><b>Services*</b></span>:</label>
 </td>
 <td>
 <!-- Fill the code for Services and its Data list -->
         <input list="serviceList" id="services" name="services" required>
         <datalist id="serviceList" required>
            <option value="Manicure">Manicure</option>
            <option value="Pedicure">Pedicure</option>
            <option value="Facial">Facial</option>
            <option value="Threading">Threading</option>
            <option value="Waxing">Waxing</option>
            <option value="Hair Spa">Hair Spa</option>
            <option value="Body Massage">Body Massage</option>
            <option value="Others">Others</option>
         </datalist>
 </td>
</tr>

<tr>
  <td>

  <label><span><b>Date*</b></span>:</label>
  </td>
  <td>

  <!-- Fill the code for Date -->
  <input type="date" name="date"  id="date"  required/>

 </td>
</tr>

<tr>
 <td>
 <label><span><b>Time*</b></span>:</label>
 </td>
 <td>

  <!-- Fill the code for Time -->
  <select name="time" id="time">
    <option value="10.00 AM">10.00 AM</option>
    <option value="10.30 AM">10.30 AM</option>
```

```html
        <option value="11.00 AM">11.00 AM</option>
        <option value="11.30 AM">11.30 AM</option>
        <option value="12.00 PM">12.00 PM</option>
        <option value="12.30 PM">12.30 PM</option>
        <option value="01.00 PM">01.00 PM</option>
        <option value="01.30 AM">01.30 PM</option>
        <option value="02.00 PM">02.00 PM</option>
    </select>

   </td>
  </tr>

  <tr>
   <td>
    <label><span><b>Address</b></span>:</label>
   </td>
   <td>
    <!-- Fill the code for Address -->
    <textarea name="address" id="address" rows="5" cols="25" placeholder="Enter your address"
required></textarea>
   </td>
  </tr>

 </table>
 <p class="b"><!-- Fill the code for checkbox --><input type="checkbox" name="terms"
id="terms"/><a href="#submit" id="terms_ref"><!-- Fill the text -->I agree to the terms of service
and privacy policy</a></p>
    <p class="b"><!-- Fill the code for submit --><input type="button" name="submit" id="submit"
value="Submit"/></p>

</body>
</html>
```

//Mercury drug

```html
<!DOCTYPE html>
<html>
<head>
  <meta charset='utf-8'>
  <meta http-equiv="X-UA-Compatible" content="IE-edge">
  <title>Mercury Drug Delivery Service</title>
</head>
<style>
  input[type="file"] {
  background: transparent;
  width: 100%;
  }


  input[type="text"] {
    background: transparent;
  width: 100%;
  }

  input[type="number"] {
    background: transparent;
  width: 100%;
  }

  input[type="email"] {
    background: transparent;
    width: 100%;
  }

  input[type="tel"] {
    background: transparent;
  width: 100%;
  }

  input[type="url"] {
    background: transparent;
  width: 100%;
  }


  input[type="checkbox"] {
    background: transparent;

  }

  input[type="button"] {
    background: transparent;
  }

  input[type="checkbox"]         /* Fill here */ :checked + a {
```

```css
                /* Fill the attribute and value */
                }

body{
  font-weight: bold;
  margin-left: auto;
  margin-right: auto;
}

h3{
  color: #FFFFFF;
  background-color: #800000;
  margin-left: auto;
  margin-right: auto;
  text-align: center;
  width: 60%;
  font-family: Verdana;
  padding: 3px;
  border-radius: 6px;
}

table{
width: 60%;
border-style:3px solid;
margin-left: auto;
margin-right: auto;
border-spacing: 5px;
border-radius: 6px;
}

td{
font-size: 15px;
}

#submit{
color:#800000;
font-weight: bold;
background: transparent;
border-radius: 6px;
}

#submit:hover {
  background-color:#800000 ;
  color: #FFFFFF;
}

.a{
  width: 50%;
}

.b{
```

```html
      width: 60%;
    }

    ::-webkit-input-placeholder {
      color: #dcdcdc;
    }
    </style>
<body>

    <h3> Mercury Drug Delivery Service-Partner Invite </h3>
    <table style="text-align: left;">

      <tr>
        <td colspan="2"><input type="text" required id="pharmacyName" placeholder="Pharmacy
name*"></td>
      </tr>
      <tr>
        <td class="a"><input type="number" id="pin" placeholder="Pin(PrimaryLocation)*"
required></td>
        <td><input type="text" id="city" placeholder="City*"></td>
      </tr>
      <tr>
        <td class="a"><input type="text" id="oname" placeholder="Pharmacy owner*" required</td>
        <td><input type="tel" id="phno" placeholder="Phone number*" pattern="[7-9]{1}[0-9]{9}"
required></td>
      </tr>
      <tr>
        <td colspan="2"><input type="email" id="email" placeholder="Email*"></td>
      </tr>
      <tr>
        <td colspan="2"><input type="url" id="link" placeholder="Website Link/ online listing
link"></td>
      </tr>
      <tr>
        <td><input type="text" id="noOfOutlets" min="1" placeholder="Number of outlets*"
required></td>
        <td class="a"><input type="text" id="primaryArea" placeholder="Primary Area of outlet*"
required></td>
      </tr>
      <tr>
        <td><input type="text" min="200" id="cost" placeholder="Minimum purchase cost*"
required></td>
        <td class="a"><input list="establishmentType" id="type" placeholder="Establishment :
Independant/Chain*"
            required>
          <datalist id="establishmentType">
            <option value="Independant"></option>
            <option value="Chain"></option>
          </datalist>
        </td>
      </tr>
```

```html
    <tr>
      <td colspan="2">Medicines available :
        <input type="checkbox" id="gsl" name="items">General Sales List Medicines(GSL)
        <input type="checkbox" id="p" name="items">Pharmacy Medicines(P)<br>
        <input type="checkbox" id="pom" name="items">Prescription Only Medicines (POM)
        <input type="checkbox" id="cds" name="items">Controlled Drugs (CDs)
      </td>
    </tr>
    <tr>
      <td>Retail Drug License(Jpeg/PDF)*<br>
        <input type="file" id="license"></td>
      <td>GSTIN/PAN*<br>
        <input type="file" id="pan"></td>
    </tr>
    <tr>
      <td>FSSAI(Jpeg/PDF)*<br>
        <input type="file" id="fssai"></td>
      <td>Facade/Pharmacy-shelves/Refridgerator(Jpeg)* <br>
        <input type="file" id="others" multiple></td>
    </tr>
  </table>

  <p class="b"><input type="checkbox"><a href="#submit" id="terms_ref" style="color: blue;"><b>I
agree to terms of
        services</b></a></p>
  <p class="b"><input type="button" id="submit" value="submit"></p>

</body>

</html>
```

//shine clinic

```html
<!DOCTYPE html>
<html>
  <head>
  <!-- Remove the Comments and fill up the relevant code -->
  <!-- Write necessary code wherever needed to complete this code challenge  -->
  <!-- Do specify all the component-ids correctly for your code to get evaluated successfully -->

    <title>Shine Clinic</title>
            <style>

            input[type="number"], input[type="text"], input[type="date"], input[type="email"],
input[type="tel"], select  {
            width:98%;
            }

            .split {
            height: 100%;
            width: 50%;
            position: fixed;
            overflow: scroll;
            z-index: 1;
            top: 0;
            }

            .left {
                left: 0;
        /* Fill the attribute and value */
            }

            .right {
                right: 0;
                background-color: #1AA3FF;
                width: 60%;
                padding: 10px;
                /* Fill the attribute and value */
            }

            #image{
                width: 90%;
                height: 50%;
                margin-top: 25%;

                /* Fill the attribute and value */
            }
            h3{
                text-align: center;
                font-size: 20px;
                font-family: Georgia;
```

```css
        border-radius: 6px;
        padding: 5px;

/* Fill the attribute and value */
        }

        table, h3{
    /* Fill the attribute and value */
        border: 3px solid #ffffff;
        border-spacing: 2px;
        width: 97%;
        }

        td{
    /* Fill the attribute and value */
        border: 1px solid #ffffff;
        border-spacing: 5px;
        color: #6600FF;
        background-color: #E6E6E6;


        }

        #submit,h3{
        color: #C21807;
        font-weight: bold;
        background-color: #FFFFFF;
        /* Fill the attribute and value */
        }

        table,td,#submit{
        font-family: Georgia;
        font-size: 15px;
        border-radius: 6px;
        padding: 5px;

        /* Fill the attribute and value */
        }

        #submit:hover {
        background-color: #C21807;
        color:#FFFFFF;
        }

        .b{
        color: #6600FF;
        /* Fill the attribute and value */
        }

        .c{
        color: #C21807;
```

```
            font-size: 15px;
            font-family: Georgia;
            font-weight: bold;
            /* Fill the attribute and value */
         }

         .d{
            border: 0px;;
         }
      </style>
   </head>

<body>
<script>
            function show_value(x){
                  document.getElementById("demo").innerHTML=x;
            }
            function setDisable(){
                  if(document.getElementById('cash').checked==true){
                        document.getElementById('cnumber').disabled=true;
                        document.getElementById('cvvnumber').disabled=true;
                  }
                  else if(document.getElementById('card').checked==true){
                        document.getElementById('cnumber').disabled=false;
                        document.getElementById('cvvnumber').disabled=false;
                  }
            }
</script>

<div class="split left"><img src="SHINE.png" id="image"></div>
<div class="split right">

<h3>Shine Clinic</h3>
<table>
      <tr class="d">
        <td class="d"><a href="#admission" id="admission_info" class="b">Admission-
info</a></td>
        <td class="d"><a href="#personal" id="personal_info" class="b">Personal-info</a></td>
        <td class="d"><a href="#payment" id="payment_info" class="b">Payment-info</a></td>
      </tr>

      <tr>
        <td colspan="3" class="c" id="admission">Admission Information</td>
      </tr>

      <tr>
            <td>Date of Admission: <br/><input type="date" id="dateofadmission"
required="required"><!-- Fill the code for date of admission --></td>
            <td>Select the admission type<br/><select id="adtype" required>
              <option value="Select..">Select..</option>
              <option value="New Admission">New Admission</option>
```

```html
                <option value="Already Have">Already Have</option>
            </select><!-- Fill the code for dropdown to select admission type --></td>
            <td>Admission For<br/><select id="adfor" required>
                <option value="Select..">Select..</option>
                <option value="Ear">Ear</option>
                <option value="Nose">Nose</option>
                <option value="Throat">Throat</option>
                <option value="General Checkup">General Checkup</option>

            </select><!-- Fill the code for dropdown to select admission for --></td>
        </tr>

        <tr>
            <td colspan="3" >**Select if you have any of the following below</td>
        </tr>
        <tr>
            <td class="d"><input type="checkbox" id="cold" name="health">Cold</td>
            <td class="d"><input type="checkbox" id="fever" name="health">Fever</td>
            <td class="d"><input type="checkbox" id="cough" name="health">Cough</td>
        </tr>
        <tr>
            <td class="d"><input type="checkbox" id="diapedesis" name="health">Diapedesis</td>
            <td class="d"><input type="checkbox" id="blood pressure" name="health">Blood Pressure</td>
            <td class="d"><input type="checkbox" id="heavy surgery" name="health">Heavy Surgery</td>
        </tr>
        <tr>
          <td colspan="3" class="c" id="personal">Personal Information</td>
        </tr>

        <tr>
    <td>Patient Name</td>
    <td colspan="2"><input type="text" id="pname" placeholder="Enter the patient name" pattern="[a-zA-Z\s]" required="required"></td>
  </tr>

        <tr>
    <td>Phone Number</td>
        <td colspan="2"><input type="text" id="phno" placeholder="Enter the phone number" pattern="[789]{1}[0-9]{9}" maxlength="10" minlength="10" required="required"><!-- Fill the code for Phone Number --></td>
  </tr>

        <tr>
            <td>Email ID</td>
        <td colspan="2"><input type="email" id="email" placeholder="Enter the email id" required="required"></td>
  </tr>
```

```html
          <tr>
                  <td>Age</td>
              <td colspan="2"><input type="number" id="age" placeholder="Enter the age"
required="required"></td>
    </tr>

          <tr>
                  <td>Address</td>
              <td colspan="2"><textarea id="address" rows="4" cols="80" placeholder="Enter the age"
required="required"></textarea></td>
    </tr>

          <tr>
                  <td colspan="3" class="c" id="payment">Payment Information</td>
    </tr>

          <tr class="d">
          <td>Select the payment type:</td>
                  <td class="d"><input type="radio" id="card" name="ptype"  onclick="setDisable()"
required/>Card</td>
                  <td class="d"><input type="radio" id="cash" name="ptype"  onclick="setDisable()"
required/>Cash</td>
          </tr>
          <tr>
                  <td>Card Number</td>
                  <td colspan="2"><input type="text" placeholder="Enter the card number"
id="cnumber" minlength="16" maxlength="16" required></td>
          </tr>
          <tr>
                  <td>Cvv Number</td>
                  <td colspan="2"><input type="text" id="cvvnumber" placeholder="Enter the cvv
number" minlength="3" maxlength="3" required></td>
          </tr>

</table>
<br/>
<p><input type="button" value="CONFIRM" id="submit"></p>
</div>

</body>
</html>
```

```html
<!DOCTYPE html>
<html>
  <head>
  <!-- Remove the Comments and fill up the relevant code -->
  <!-- Write necessary code wherever needed to complete this code challenge  -->
  <!-- Do specify all the component-ids correctly for your code to get evaluated successfully -->

    <title> Xchange - One Stop for Mobile-Accessories</title>
            <style>

            *{
          background-color: #C2A1A1;
                color:#FFFFFF;
                font-family: Georgia;
            }

            input[type="text"] , input[type="number"], input[type="date"], select, textarea{
                width: 98%;
            }

            input[type="range"] {
                width: 60%;
            }

            ::placeholder{
                color:#FFFFFF;
            }

            h3{
                border: 2px solid #FFFFFF;
                /* Fill the attributes and values */
                margin-left: auto;
                margin-right: auto;
                text-align: center ;
                width: 60%;
                color: #5D4079;
                background-color: #FFFFFF;
                border-radius: 6px;
                border-spacing: 2px;
                font-size: 30px;

            }

            table{
                /* Fill the attributes and values */
                width:60%;
                margin-right: auto;
                margin-left: auto;
            }
```

```css
            td{
                    border: 2px solid #FFFFFF;
                    color:#FFFFFF;
                    /* Fill the attributes and values */
                    color: #FFFFFF;
                    padding: 5px;
                    border-radius: 6px;
                    border-spacing: 5px;
            }

            #submit            {
                margin-left:45%;
                    /* Fill the attributes and values */
                    color: #FFFFFF;
                    background-color: #5D4079;
                    border-radius: 6px;
                    padding: 3px;
                    font-weight: bold;
            }

            #submit:hover {
                    background-color: #FFFFFF;
        color:#5D4079;
            }

            .d{
                    color:#000000;
            }

            .c{
                    /* Fill the attributes and values */
                    color: #5D4079;
                    background-color: #FFFFFF;
                    font-weight: bold ;
            }

            </style>
        </head>

<body >


<script>
        function show_value(x)
        {
        document.getElementById("demo").innerHTML=x;
        }
</script>

<h3>Xchange - One Stop for Mobile-Accessories</h3>
```

```html
<table>
    <tr>
        <td class="c">Furnish Details</td>
    </tr>

    <tr>

        <td><input type="text" name="mtype" id="mtype" placeholder="Enter the mobile
type*" required/></td>
        <td><input type="text" name="atype" id="atype" placeholder="Enter the accessory
type*" required/></td>
    </tr>

    <tr>
        <td>Purchase date :<br/><input type="date" name="pdate" id="pdate"
placeholder="mm/dd/yyyy" required /></td>
        <td>Available from :<br/><input type="date" name="availablefrom"
id="availablefrom" placeholder="mm/dd/yyyy" required /></td>
    </tr>

    <tr>
        <td>Location :</td>
        <td><input type="text" name="location" id="location" placeholder="City,State*"
required/></td>

    </tr>

    <tr>
        <td colspan="2">Reason for selling : <textarea rows="4" columns="50" id="reason"
required></textarea></td>
    </tr>

    <tr>
        <td>Price Quoted : </td>
        <td> <input type="range" name="price" id="price" min="500" max="20000"
required   onchange="show_value(this.value);" >
        <span id="demo"></span></td>
    </tr>

    <tr>
        <td colspan="2">Upload pics (in .png format) :  <input type="file" name="pic"
id="pic" value="Choose Files"  multiple required></td>
    </tr>

    <tr>
        <td><input type="text" name="name" id="name" placeholder="Enter your name*"
required/></td>
        <td><input type="tel" id="phno" placeholder="Contact number*" max="10"
pattern="[789]{1}[0-9]{9}" required ></td>
    </tr>
```

```html
</table>
<br/>

<p><input type="button" name="submit" id="submit" value="POST PRODUCT" /></p>

</body>
</html>
```

Agape Food Delivery Service

```html
<!DOCTYPE html>
<html>
<head>
   <!-- Remove the Comments and fill up the relevant code -->
   <!-- Write necessary code wherever needed to complete this code challenge  -->
   <!-- Do specify ALL the component-ids correctly for your code to get evaluated successfully -->
   <title>Agape Food Delivery Service</title>

   <style type="text/css">
               input[type="file"] {
               /* Fill the attributes and values */
               background: transparent;
               width: 100%;
               color: #08088A;
               }


               input[type="text"] {
                       /* Fill the attributes and values */
                       background: transparent;
                       width: 100%;
               }

               input[type="number"] {
                       /* Fill the attributes and values */
       background: transparent;
                       width: 100%;
               }

               input[type="email"] {
                       /* Fill the attributes and values */
       background: transparent;
                       width: 100%;
```

```css
        }

        input[type="tel"] {
                /* Fill the attributes and values */
                background: transparent;
                width: 100%;
        }

        input[type="url"] {
                /* Fill the attributes and values */
                background: transparent;
                width: 100%;
        }


        input[type="checkbox"] {
                /* Fill the attribute and value */
                background: transparent;
        }

        input[type="button"] {
                /* Fill the attribute and value */
                background: transparent;
        }

        input[type="checkbox"]#terms:checked + a {
        /* Fill the attribute and value */
        color: #00800A;
        }

body{
                background-image: url('foodmitho.png');
}

        h3{
            border:1px solid;
  /* Fill the attributes and values */
  color: #E6ADAD;
  background-color: #08088A;
  margin-left: auto;
  margin-right: auto;
  text-align: center;
  width: 60%;
  font-family: Verdana;
  border-radius: 6px;
}

        table{
          border:3px solid;
                /* Fill the attributes and values */
                width: 60%;
```

```css
                                margin-right: auto;
                                margin-left: auto;
                                border-spacing:  5px;
                                border-radius: 6px;
                        }


                td{
                                font-size: 15px;
                        }

                #submit{
                                /* Fill the attributes and values */
                                color: #08088A;
                                font-weight: bold;
                                background: transparent;
                                border-radius: 6px;


                        }

                    #submit:hover {
                /* Fill the attributes and values */
                background-color: #CD5C5C;
                color: #ffffff;
                        }

                .a{
                                /* Fill the attribute and value */
                                width:50%;
                        }

                .b{
                            /* Fill the attributes and values */
                            width: 60%;
                            margin-right: auto;
                            margin-left: auto;
                        }

                        ::-webkit-input-placeholder {
                        color: #CD5C5C;
                        }
        </style>

</head>
<body>

<h3> Agape Food Delivery Service - Partner Invite</h3>
   <table>

        <tr>
                <td colspan=" " ><input type="text" id="restaurantName" placeholder="Restaurant
Name*" required pattern="[a-zA-Z0-9\\s]*"></td>
```

```html
                </tr>

                <tr>
                        <td class="a"><input type="text" id="pin" placeholder="Pin (Primary Location)*"
max="6" pattern="[1-9]{1}[0-9]{5}" required/></td>
                        <td class="a"><input type="text" name="city" id="city" value="" placeholder="City*"
required/></td>
                </tr>

                <tr>
                        <td class="a"><input  type="text" name="oname" id="oname" value=""
placeholder="Restaurant Owner*" pattern="[A-Za-z\\s]*" required/></td>
                        <td class="a"><input type="tel" name="phno" id="phno" pattern="[7-9]{1}[0-9]{9}"
placeholder="Phone number*" required></td>
                </tr>

                <tr>
                        <td colspan=" "><input type="email" name="email" id="email" value=""
placeholder="Email*" required /></td>
                </tr>

    <tr>
       <td colspan=" "><input type="url" name="link" id="link" value="" placeholder="Website Link/
online listing link" /></td>
                </tr>

                <tr>
                        <td class="a"><input  type="number" min="1" placeholder="No of outlets*"
id="noOfOutlets" required></td>
                        <td class="a"><input  type="text" placeholder="Primary Area of outlet*" required
id="primaryArea"></td>
    </tr>

    <tr>
       <td class="a"><input  type="number" name="cost" id="cost" value="" min="200" required
placeholder="Cost for two*" /></td>
                        <td class="a"><input  list="establishmentType" id="type" required
placeholder="Establishment : Independant/Chain*">
                                <datalist id="establishmentType">
                                  <option>Independant</option>
                                  <option>Chain</option>
                                </datalist></td>
                </tr>

                <tr>
                        <td colspan=" ">Cusine type :
                        <input type="checkbox" name="cusineType" required id="indianVeg"><label
for="indianVeg">Indian-veg</label>
                        <input type="checkbox" name="cusineType" id="indianVegNonVeg"><label
for="indianVegNonVeg">Indian-veg & Non-veg</label>
```

```html
                <input type="checkbox" name="cusineType" id="chinese"><label
for="chinese">Chinese</label>
                <input type="checkbox" name="cusineType" id="continental"><label
for="continental">Continental</label>
        </td>
        </tr>

        <tr>
                <td><label>Licence(Jpeg/PDF)*</label><input type="file" id="license"
accept="image/jpeg,application/pdf" required></td>
                <td><label>GSTIN/PAN*</label><input type="file" id="pan"
accept="image/jpeg,application/pdf" required></td>
        </tr>

        <tr>
                <td><label>FSSAI(Jpeg/PDF)*</label><input type="file" id="fssai"
accept="image/jpeg,application/pdf" required></td>
                <td><label>Facade/Kitchen/Dining-Packaging/Locality(Jpeg)*</label><input
type="file" multiple id="others" accept="image/jpeg" required></td>
        </tr>
    </table>
    <p class="b"><input type="checkbox" id="terms"><a id="terms_ref" href="#submit">I agree to
terms of services</a></p>
    <p class="b"><input type="button" id="submit" value="SUBMIT"></p>
</body>
</html>
```

//ATLAS PACKERS AND MOVERS

```html
<!DOCTYPE html>
<html>
    <head>
    <!-- Remove the Comments and fill up the relevant code -->
    <!-- Write necessary code wherever needed to complete this code challenge  -->
    <!-- Do specify ALL the component-ids (incl. div ids) correctly for your code to get evaluated
successfully -->
        <title>Atlas Packers and Movers</title>
                <style>
            .left:0:
            }
            .right
             right:0;
             background-color:#548AE3;
             width:60%;
             padding:10px;
            }

            .b{
```

```css
    color:#21807;
    font-size:15px;
    font-family:"georgia";
}
#image{
    width:80%;
    height:90%;
}
h3{
    margin-right:auto;
    margin-left:auto;
    text-align:center;
    width:50%;
    font-family:"Georgia";
    border-radius:6px;
}
table th,td{
    border-spacing:2px;
    font-size:15px;
    font family:"Georgia";
    border-radius:6px;
    padding:3px;
    border: 1px solid white;
}
td{
    color:#FFFFFF;
    background-color:#548EA3;
    border-spacing: 5px;
    }
    #submit{
     color:#c21807;
     font-weight:bold;
     background-color:#ffffff;
     font-size:15px;
     font-family:"Georgia";
     border-radius:6px;
     padding:3px;
    }
    #submit:hover{
        background-color:FFOOOO;
        color:#ffffff;
    }
    h3{
        color:#c21807;
        font-weight:bold;
        background-color:#ffffff;
        font-size:15px;
        font-family:"Georgia";
        border-radius:6px;
        padding:3px;
    }
```

```
</stle>
</head>
<body>
<div>
<table>
<tr>
<td><div>img src="packers.jpg"
id="image"/></div></td>
<td>
<div>
<center><h3>ATLAS PACKERS AND MOVERS</h3>/center>
<form>
<table>
<tr><td colspan=2>
<a href="#reloc" id="reloc_info"
class="b">Relocation-info</a><br/>
<a href="#personal"
id="personal_info"
class="b">personal-info</a></br>
<a href="#quote"id="quote_info"
class="b">get a quote!</a><br/>
</td>
</tr>
<tr><td colspan=2><label
id="reloc" class="c">Relocation
Information</label></td></tr>
<tr>
<td>
<select id="city"required>
<option value="select your current city">select your current city option>
<option value="Chennai">Chennai</option>
<option value="Bngalore">Bngalore</option>
<option value="Hyderabad">Hyderabad</option>
<option value="Mumbai">Mumbai</option>
</list>
<td>
<td>input type="date" id="date"required></td>
</tr>
<tr>
<td>label>select category</label></td><td>
<input type="radio"name="category"id="home"required>
<label for="home">home relocation</label>
<input type="radio" name="category"id="factory"required>
<label for="factory">factory/office relocation</label>
</td>
</tr>
<tr>
<td>
<td> <textarea id="faddress"
placeholder="from address"
rows="4" cols="50" required>
```

```
</text textarea> </td>
</td>
</tr>
<td><label distance in km>
</td>
<td> <input id="distance"
type=range min=0 max=2000 required><td>
</tr>
<tr><td>colspan=2>
<label id="personal"
class="c">personal
information</label>
</td>
</tr>
<tr>
<td><label>customer name</label>
</td>input type ="text"
id="cname"pattern=[A-Za=z\\s]*'placeholder="enter the customer name" required> </td>
</tr>
<tr>
<td><label>phone number</label>
</td><td><input type="tel"
pattern=[7,8,9]{1}[0-9]{9}"
id="phno"placeholder="enter the phone number"required></td>
</tr>
<tr>
<td><label><Email ID</label></td>
<td> <input type="email"
id="email"placeholder="enter the emailid required"></td>
</tr>
<tr>
<td colspan=2>
<label id="quote"class="c">get a quote:</label>
</td>
</tr>
<tr>
<td><label>possible charges involves</label></td>
<td>
<input type="checkbox"
name="category"id="packing">
<label for ="packing">packing charges</label>
<input type="checkbox"
name="category"id="loading">
<label for "loading">loading charges</label>
<input type ="checkbox"
name="category"
id="transportation"><label for transportation charges</label>
<input type="checkbox"
name="category"id="unloading">
<label for ="unloading">unloading charges</label>
</td>
```

```html
    </tr>
    <td colspan=2><label>**quote you receive will include service tax of 12.3%<label></td>
    </tr>
    </table>"
    <button type="submit" id="submit"
    value="GET A QUOTE">GET A QUOTE</button>
    </form>
    </div>
    </td></tr>
    </table>
    </div>
    </body>
    </html>


}
```

//BOOK A SHOW ONLINE TICKET

```html
<!DOCTYPE HTML>
<html>
<head>
   <title>
BOOK A SHOW- TICKET   </title>
<style>
   body{
      background-color: #00CED1;
      color: #0C1584;
   }
   h1{
      color: #0000FF;
      font-family: Monospace;
      text-align: center;
   }
   form{
      display: grid;
      place-items: center;
   }
   table{
      font-weight: bold;
      font-family: Monospace;
   }
</style>
</head>
<body>
   <h1> BOOK A SHOW - TICKET BOOKING</h1>
   <form onsubmit="alert('Booking Successful');
   return false; " >
      <table>
         <tr><td>
```

```html
<label for="name"> Name </label </td>
<td>
<input type="text" id="name" name="name" pattern="^[a-zA-Z]+$" placeholder="Enter the name" required>
</td>
</tr>
<tr> <td>
<label >Movie Name</label></td>
<td>
<input list="movies" name="moviename" id="moviename" placeholder="Movie Name" required>
<datalist id="movies" name="movies">
  <option value="Iranda">Iranda</option>
  <option value="Logan">Logan</option>
  <option value="Fist Fight">Fist Fight</option>
</datalist>
</td>
</tr>
<tr>
  <td>
    <label> circle</label>
  </td>
  <td>
  <input list="circles" name="circle" id="circle" required>
  <datalist id="circles" name="circles">
    <option value="Silver" > Silver</option>
    <option value="Gold" > Gold</option>
    <option value="Plantinium" > Plantinium</option>
  </datalist>
  </td>
</tr>
<tr>
  <td>
    <label>Phone no </label>
    </td>
    <td>
    <input type="number" name="phone" id="phone" pattern="^\d{}$" placeholder="Enter Mobile Number" required>
    </td>
</tr>
<tr>
  <td>
    <label> Show date and time</label
    </td>
    <td>
    <input type="datetime-local" name="showdate" id="showdate" name="showdate" required>
    </td>
</tr>
<tr>
<td>
  <label for="adults" >No of Adults</label>
```

```html
          </td>
          <td>
            <input type="number" id="tickets" name="tickets" min="1" max="10" required>
          </td>
        </tr>
        <tr>
          <td>
            <label for="children" >No of children</label>
          </td>
          <td>
            <input type="number" id="children" name="children" min="1" max="5" required>
          </td>
        </tr>
          <tr>
            <td>
              <input type="submit" name="submit" id="submit" value="Book My Show">
            </td>
            <td>
              <input type="reset" name="reset" id="reset" value="reset"
            </td>
          </tr>
          </table>
          </form>
      </body>
</html>
```

//bookform

```html
<html>
   <head>
      <script>
         function test(){
            alert("You have successfully submitted the Book Form");
            return false;
         }
      </script>
   </head>
   <body>
      <h1>A Simple Form</h1>

      <h2>Form Fundamentals</h2>
```

```html
<form name="form" autocomplete="on" onsubmit="return test()">
  <fieldset>
    <legend>Customer Info</legend>
  <label for="cusname">Name:</label>
  <input type="text" id="cusname" name="cusname"  placeholder="Enter your name" autofocus required><br><br>
  <label for="telephone">Telephone:</label>
  <input type="tel" name="telephone" id="telephone" placeholder="Pattern: 234-567-8910" pattern="[0-9]{3}-[0-9]{3}-[0-9]{4}" required>
  <br><br>
  <label for="mail" >Email address:</label>
  <input type="email" id="mail" name="mail" placeholder="Enter your email address" required>
  </fieldset>
  <fieldset>
    <legend>Books</legend>

    <input name="quantity" type="number" max="5" min="1">
              <label for="quantity">Quantity: {Maximum 5}</label>
    <input list="books" id="book" name="book">
    <datalist id="books">
      <option value="HTML5 - Bruce Lawson and Remy Sharp">
        <option value="HTML5 - Up and Running - Mark Pilgrim">
      <option value="Head First HTML5 Programming - Eric Freeman">
        <option value="Mastering HTML, CSS and JavaScript - Laura Lemay">
    </datalist>
  </fieldset>
  <input type="submit" id="submit" name="submit">
  </form>
  </body>


    </form>
  </body>
</html>
```

//HEALTH CARE CENTRE

```html
<!DOCTYPE html>
<html>
<head>
  <!-- Remove the Comments and fill up the relevant code -->
  <!-- Write necessary code wherever needed to complete this code challenge  -->
  <!-- Do specify ALL the component-ids correctly for your code to get evaluated successfully -->
  <title>Health Care Center</title>
  <style type="text/css">

::placeholder {
        color: #40E0D0;
        opacity: 2;
}

input[type="email"], input[type="tel"], input[type="number"], input[type="text"],
        input[type="date"], textarea, select, #services {
  width: 85%;
        color: #40E0D0;
        font-weight: bold;
        background: transparent;
        border-radius: 6px;
        border-style: solid;
        border-width: 2px;
        border-color: #FFA07A;
}

input[type="button"] {
        background-color: #08088A;
}

input[type="checkbox"]#terms:checked+a {
        color: #FFFF00;
}

body {
  /* Fill the attribute and value */
  background-color: #191970;

}

h3 {
  /* Fill the attributes and values */
  color: #FFFFFF;
  background-color: #696969;
  margin-left: auto;
  margin-right: auto;
  text-align: center;
  width: 40%;
  font-family: Verdana;
```

```css
    border-style: 1px solid;
    border-radius: 6px;
}

label span{
    color: #F0F8FF;
}
table {
    /* Fill the attributes and values */
    width: 30%;
    border-style: 3px groove;
    margin-left: auto;
    margin-right: auto;
    border-spacing: 5px;
    border-radius: 6px;
}

#appointment td {
    /* Fill the attributes and values */
    border-width: 1px;
    border-style: solid;
    border-color: #F4A460;
    font-size: 15px;
    padding: 8px;

}

#terms_ref {
        color: #9ACD32;
}

#submit {
 /* Fill the attributes and values */
 color: #FFEFD5;
 font-weight: bold;
 background-color: transparent;
 border-radius: 6px;
}

#submit:hover {
    background-color: #8B4513;
        color: #FFFFFF;
}

.b {
 /* Fill the attributes and values */
 width: 50%;
 margin-left: auto;
 margin-right: 14em;
}
</style>
```

```html
</head>

<body>

        <h3>Health Care Center-Appointment</h3>
        <table id="appointment">
                <tr>
                        <th id="details" colspan="2"></th>
                </tr>
                <tr>
                        <td>
                                <label><span><b>Name*</b></span>:</label>
                        </td>
                        <td>
                                <!-- Fill the code for Name -->
                                <input type="text" name="name" id="name" placeholder="Enter
your name" required />
                        </td>
                </tr>

                <tr>
                        <td>
                                <label><span><b>Gender*</b></span>:</label>
                        </td>
                        <td>
                                <!-- Fill the code for Gender -->
                                <input type="radio" id="male " name="gender" value="Male"
required ><label><span><b>Male</b></span></label>
                                <input type="radio" id="female " name="gender" value="Female"
required ><label><span><b>Female</b></span></label>
                                <input type="radio" id="others " name="gender" value="Others"
required ><label><span><b>Others</b></span></label>
                        </td>
                </tr>

                <tr>
                        <td>
                                <label><span><b>E-mail address</b></span>:</label>
                        </td>
                        <td>
                                <!-- Fill the code for E-mail address -->
                                <input type="email" name="email" id="email"
placeholder="Example:abc@gmail.com" required />
                        </td>
                </tr>
                <tr>
                        <td>
                                <label><span><b>Mobile No*</b></span>:</label>
                        </td>
                        <td>
                                <!-- Fill the code for Mobile No -->
```

```html
                                <input type="tel" name="mobileNo" id="mobileNo"
placeholder="Enter your mobile no" required />

                        </td>
                </tr>

                <tr>
                        <td>
                                <label><span><b>Services*</b></span>:</label>
                        </td>
                        <td>

                                <!-- Fill the code for Services and its Data list -->
                                <input list="serviceList"  id="services" name="services" required >
                                <datalist id="serviceList" required >
                                  <option value="Dentistry">Dentistry</option>
                                  <option value="Midwifery">Midwifery</option>
                                  <option value="Nursing">Nursing</option>
                                  <option value="Medicine">Medicine</option>
                                  <option value="Optometry">Optometry</option>
                                  <option value="Psychology">Psychology</option>
                                  <option value="Physical therapy">Physical therapy</option>
                                  <option value="Others">Others</option>
                                </datalist>
                        </td>
                </tr>

        <tr>
                        <td>
                                <label><span><b>Date*</b></span>:</label>
                        </td>
                        <td>

                                <!-- Fill the code for Date -->
                                <input type="date" name="date" id="date" required />
                        </td>
                </tr>

                <tr>
                        <td>
                                <label><span><b>Time*</b></span>:</label>
                        </td>
                        <td>

                                <!-- Fill the code for Time -->
                                <select name="time" id="time">
                                  <option value="10.00AM">10.00AM</option>
                                  <option value="10.30AM">10.30AM</option>
                                  <option value="11.00AM">11.00AM</option>
                                  <option value="11.30AM">11.30AM</option>
                                  <option value="12.00PM">12.00PM</option>
                                  <option value="12.30PM">12.30PM</option>
                                  <option value="01.00PM">01.00PM</option>
                                  <option value="01.30PM">01.30PM</option>
```

```html
                        <option value="02.00PM">02.00PM</option>
                    </select>
                </td>
            </tr>

            <tr>
                <td>
                    <label><span><b>Address</b></span>:</label>
                </td>
                <td>
                    <!-- Fill the code for Address -->
                    <textarea name="address" id=address rows="5" cols="25"
placeholder="Enter your address" required ></textarea>
                </td>
            </tr>

    </table>
    <p class="b"><input type="checkbox" name="terms" id="terms" /><a href="#submit"
id="terms_ref">I agree to the terms of service and privacy policy</a></p>
   <p class="b"><input type="button" name="submit" id="submit" value="Submit" /></p>

</body>
</html>
```

//palindrome check

```html
<html>
   <head>
     <script type="text/javascript">
       function CheckPalindrome()
       {
         var str=document.getElementById("Palin").value;
          str=str.toLowerCase();
         str=str.replace(/\s/g,'');
         var rev=str.split('').reverse().join('');
         if(str==rev)
         alert("The entry is a palindrome.");
         else
         alert("The entry is not a palindrome.");
       }
     </script>
   </head>
   <body>
     <form>
       <table>
         <tr>
           <td>Enter word/sentence to check for palindrome:</td>
           <td><input type="text" id="Palin" name="Palin"></td>
         </tr>
```

```
            <tr>
               <td>
                  <Input type="button" name="palinbtn" value="CheckPalindrome"
onclick="CheckPalindrome()">
               </td>
            </tr>
         </table>
      </form>
   </body>
</html>
```

//PLATINUM PROPERTIES

```
<!DOCTYPE html>
<html>
   <head>
   <!-- Remove the Comments and fill up the relevant code -->
   <!-- Write necessary code wherever needed to complete this code challenge  -->
   <!-- Do specify ALL the component-ids correctly for your code to get evaluated successfully -->
      <title>Platinum Properties</title>
               <style>

               input[type="number"] {
               width:98%;
               }
               input[type="text"] {
               width:98%;
               }
               input[type="date"] {
               width: 98%;
               }
               input[type="email"] {
               width:98%;
               }
               input[type="tel"] {
               width: 98%;
               }
               select {
               width: 98%;
               }

               .split {
               height: 100%;
               width: 50%;
               position: fixed;
               overflow: scroll;
               z-index: 1;
               top: 0;
               }
```

```css
.left {
/* Fill the attribute and value */
left: 0;
    }

    .right {
       /* Fill the attribute and value */
       right: 0;
       background-color: #74B14E;
       width: 60%;
       padding: 10px;
    }

    #image{
       /* Fill the attribute and value */
       width: 170%;
       height: 100%;
    }
    h3{
/* Fill the attribute and value */
text-align: center;
font-size: 20px;
font-family: Georgia;
border-radius: 6px;
padding: 5px;
    }

    table, h3{
    /* Fill the attribute and value */
    border: 3px solid #ffffff;
    border-spacing: 2px;
    width: 97%;
    }

    td{
    /* Fill the attribute and value */
    border: 1px solid #ffffff;
    color: #6600FF;
    background-color: #DFBF9F;
    border-spacing: 5px;
    }

    #submit,h3{
       /* Fill the attribute and value */
       color: #C21807;
       font-weight: bold;
       background-color: #FFFFFF;
    }

    table,td,#submit{
```

```css
            /* Fill the attribute and value */
            font-size: 15px;
            font-family: Georgia;
            border-radius: 6px;
            padding: 5px;
        }

        #submit:hover {
        background-color: #C21807;
        color:#FFFFFF;
        }

        #offers:hover {
        color: #C21807;
        }

        .b{
           /* Fill the attribute and value */
           color: #6600FF;
        }

        .c{
           /* Fill the attribute and value */
           color: #C21807;
           font-size: 15px;
           font-family: Georgia;
           font-weight: bold;
        }

        .d{
           border: 0px;;
        }
        </style>
    </head>
```

```html
<body>
<script>

                function show_value(x)
                {
                document.getElementById("demo").innerHTML=x;
                }
</script>

<div class="split left"><img src="PLATINUM.png" id="image"></div>
<div class="split right">
<h3><!-- Fill the heading text -->Platinum Properties</h3>
<table>
        <tr class="d">
            <td class="d"><a id="property_info" class="b" href="#property">Property-info</a></td>
            <td class="d"><a id="personal_info" class="b" href="#personal">Personal-info</a></td>
```

```html
            <td class="d"><a id="features_info" class="b" href="#features">Extra Features</a></td>
        </tr>

        <tr>
            <td colspan="3" class="c" id="property">Property Information</td>
        </tr>

        <tr>
                <td>Select property Type: <br/>
                <select id="ptype" required>
                 <option value="Select..">Select..</option>
                 <option value="Apartment">Apartment</option>
                 <option value="Independent House">Independent House</option>
                 <option value="Vila">Vila</option>
                 <option value="Compact Home">Compact Home</option>
                 </select><!-- Fill the code for dropdown to select property type --></td>
                <td>BHK Type <br/>
                <select id="bhk" required>
                 <option value="Select..">Select..</option>
                 <option value="1BHK">1BHK</option>
                 <option value="2BHK">2BHK</option>
                 <option value="3BHK">3BHK</option>
                 <option value="4BHK">4BHK</option>
                 </select><!-- Fill the code for dropdown to select BHK type --></td>
                <td>Select the possession status <br/>
                <select id="status" required>
                 <option value="Select..">Select..</option>
                 <option value="Plot">Plot</option>
                 <option value="Under Construction">Under Construction</option>
                 <option value="Semi Furnished">Semi Furnished</option>
                 <option value="Ready To Move">Ready To Move</option>
                 </select><!-- Fill the code for dropdown to select possession status --></td>
        </tr>

        <tr>
            <td>Price Range:</td>
            <td class="d"><input type="number" id="from" placeholder="From" required><!-- Fill the
code for price range from --></td>
            <td class="d"><input type="number" id="to" placeholder="To" required><!-- Fill the code
for price range to --></td>
        </tr>

        <tr>
            <td>Location:</td>
            <td class="d" colspan="2"><input type="text" id="location" placeholder="Enter the
location" required><!-- Fill the code for location --></td>
        </tr>

        <tr>
            <td colspan="3" class="c" id="personal">Personal Information</td>
        </tr>
```

```html
        <tr>
    <td>Customer Name</td>
    <td colspan="2"><input type="text" id="cname" pattern="[A-Za-z ]{1,100}" placeholder="Enter the customer name" required><!-- Fill the code for Customer Name --></td>
  </tr>

        <tr>
    <td>Phone Number</td>
        <td colspan="2"><input type="tel" id="phno" pattern="[987]{1}[0-9]{9}" placeholder="Enter the phone number" required><!-- Fill the code for Phone Number --></td>
  </tr>

        <tr>
            <td>Email ID</td>
        <td colspan="2"><input type="email" id="email" placeholder="Enter the email id" required><!-- Fill the code for Email ID --></td>
  </tr>

        <tr>
            <td colspan="3" class="c" id="features">Extra Features</td>
  </tr>

        <tr class="d">
            <td class="d"><input type="checkbox" id="parking" name="optional"><!-- Fill the code for Parking-->Parking</td>
            <td class="d"><input type="checkbox" id="swimming pool" name="optional"><!-- Fill the code for Swimming Pool-->Swimming Pool</td>
            <td class="d"><input type="checkbox" id="super market" name="optional"><!-- Fill the code for Super Market-->Super Market</td>
        </tr>

        <tr>
            <td class="d"><input type="checkbox" id="park" name="optional"><!-- Fill the code for Park-->Park</td>
            <td class="d"><input type="checkbox" id="library" name="optional"><!-- Fill the code for Library-->Library</td>
            <td class="d"><input type="checkbox" id="playground" name="optional"><!-- Fill the code for Play Ground-->Play Ground</td>
        </tr>

        <tr>
            <td colspan="3" ><a  id="offers" class="b" href="#submit">**Click here to unlock exclusive offers</a></td>
        </tr>

</table>
<br/>
<p><!-- Fill the code for Submit --><input type="button" id="submit" value="CHECK AVAILABILITY"></p>
</div>
```

```
</body>
</html>
```

//Royal wedding planners

```
<!DOCTYPE html>
<html>
    <head>

        <title>Royal Wedding Planners</title>
                <style>

                input[type="number"] {
                width:98%;
                }
                input[type="range"] {
                width:95%;
                }
                input[type="text"] {
                width:98%;
                }
                input[type="date"] {
                width: 98%;
                }
                input[type="email"] {
                width:98%;
                }
                input[type="tel"] {
                width: 98%;
                }
                textarea {
                width: 98%;
                }
                select {
                width: 98%;
                }

                .split {
                height: 100%;
                width: 50%;
                position: fixed;
                overflow: scroll;
                z-index: 1;
                top: 0;
                }

                .left {
        left: 0;
                }
```

```css
.right {
/* Fill the attributes and values */
right: 0;
background-color: #CA9499;
width:60%;
padding: 10px;
}

#image{
/* Fill the attributes and values */
width: 90%;
height: 90%;
}

h3{
/* Fill the attributes and values */
text-align: center;
font-size: 20px;
font-family: Georgia;
border-radius: 6px;
padding: 2px;
}

table, h3{
/* Fill the attribute and value */
border-spacing: 2px;
width: 97%;
border: 3px solid #FFFFFF;
}

td{
/* Fill the attributes and values */
color: #FFFFFF ;
background-color: #A9A9A9;
border-spacing: 5px;
border: 1px solid #FFFFFF;
}

#submit,h3{
/* Fill the attributes and values */
color: #C21807;
font-weight: bold;
background-color: #FFFFFF;
}

table,td,#submit{
/* Fill the attributes and values */
font-size: 15px;
font-family: Georgia;
border-radius: 6px;
```

```
                padding: 5px;
                }

                #submit:hover {
                background-color: #C21807;
                color:#FFFFFF;
                }

                #offers:hover {
                color: #C21807;
                }

                .b{
                /* Fill the attribute and value */
                color: #FFFFFF;
                }

                #condition:hover {
                color: #C21807;
                }

                .c{
                /* Fill the attributes and values */
                color: #C21807;
                font-size: 15px;
                font-family: Georgia;
                font-weight: bold;
                }

                .d{
                border: 0px;
                }
                </style>
        </head>

<body>
<script>

                function show_value(x)
                {
                document.getElementById("demo").innerHTML=x;
                }
</script>

<div class="split left"><img src="ROYAL.png" id="image"></div>
<div class="split right">
<h3>ROYAL WEDDING PLANNERS  </h3>
<table>
        <tr class="d">
        <td  class="d"><a  id ="wedding_info" href="#wedding"  class="b">Wedding-info</a></td>
        <td  class="d"><a  id ="contact_info" href="#contact"  class="b">Contact-info</a></td>
```

```html
        <td  class="d"><a  id ="services_info" href="#services" class="b">Services required</a></td>
        </tr>

        <tr>
        <td colspan="3" class="c" id="wedding">Wedding Information</td>
        </tr>

        <tr>
                <td>Select your city : <br/><select id="city"  required="required">
                        <option>Select..</option>
                        <option>Chennai</option>
                        <option>Bangalore</option>
                        <option>Hyderabad</option>
                        <option>Mumbai</option>


                        </select></td>
                <td>Wedding date : <br/><input type="date" id="date" required></td>
                <td>No of guests <br/>  <input type="number" id="guests" required></td>
        </tr>

        <tr>
                <td>Venue</td>
                <td colspan="2"><textarea id="venue" placeholder="Wedding venue" rows="4"
cols="50" required></textarea></td>
        </tr>

        <tr>
                <td>Budget (approx)</td>
                <td colspan="2"><input id="budget" value="0" type="range"min="200000"
max="5000000" required onchange="show_value(this.value)">
                <span id="demo"></span></td>
   </tr>

        <tr>
        <td colspan="3" class="c" id="contact">Contact Information</a></td>
        </tr>

   <tr>
     <td>Customer Name</td>
     <td colspan="2"><input  id=cname type="text" placeholder="Enter the customer name"
pattern="[A-Z][a-z]"required></td>
   </tr>

        <tr>
     <td>Phone Number</td>
          <td colspan="2"><input id="phno" type="tel" placeholder="Enter the phone number"
pattern="[789]{1}[0-9]{9}" required></td>
   </tr>

        <tr>
```

```
            <td>Email ID</td>
        <td colspan="2"><input id="email" type="email" placeholder="Enter the email id"
required></td>
    </tr>

        <tr>
                <td colspan="3" class="c" id="services">Services Required</td>
    </tr>

        <tr class="d">
                <td class="d"><input type="checkbox" id="invitation"
name="charges">Invitation</td>
                <td class="d"><input type="checkbox" id="decorators" name="charges">Decorators
</td>
                <td class="d"><input type="checkbox" id="makeupArtists"
name="charges">Makeup artists</td>
        </tr>

        <tr>
                <td class="d"><input type="checkbox" id="photo_video"
name="charges">Photographers & Videographers</td>
                <td class="d"><input type="checkbox" id="ls_support" name="charges">Live
streaming support</td>
                <td class="d"><input type="checkbox" id="caterers" name="charges">Caterers</td>

        </tr>

        <tr>
                <td class="d"><input type="checkbox" id="transportation"
name="charges">Transportation</td>
                <td class="d"><input type="checkbox" id="accomodation"
name="charges">Accomodation</td>
                <td class="d"><input type="checkbox" id="theme"      name="charges">Theme-
based</td>
        </tr>

        <tr>
                <td colspan="3" id="condition">**Quote you receive will include service tax of
5.0%</td>
        </tr>


</table>
<br/>
<p><input id="submit" type="button" value="GET A QUOTE"></p>
</div>

</body>
</html>
```