

Name: - Neel U Shah

College: - Vidyalankar Institute of Technology

Internship Program with TCR Innovation

2nd Project Topic: - Developed a Webpage on Admission Form of Student by applying CSS on it.

HTML Code: -

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Admission Form</title>
  <link rel="stylesheet" href="NeelOtherCSS.css">
</head>
<body>
  <mark><h1><ins><i>Application For Admission:-</i></ins></h1></mark>
</div>
  <h2>
  <p>
  <div class="Normal">
  <fieldset>
  <legend>Child's Personal Details</legend>
  <h3>
  <p><label>First name:- <input type="text"></label> </p>
  <p><label>Last name:- <input type="text"></label> </p>
  </h3>
  </fieldset>
  </p>
  <br>

  <Fieldset>
  <legend>Gender</legend>
```

```

<label> <input type="radio" name="gender" value="male">Male</label> <br>
<label> <input type="radio" name="gender" value="female">Female</label>
</fieldset>
<br>
<fieldset>
  <h3>D.O.B in dd-mm-yyyy</h3>
  <label for="start"> Enter Date</label>
  <br>
  <input type="date" name="begin" placeholder="dd-mm-yyyy"
  min= "2016-01-01" max= "2021-05-31">
</fieldset>
<br>
<br>
<fieldset>
  <legend>Nationality</legend>
  <select name="Nationality">
    <option value="Hindu">Hindu</option>
    <option value="Muslims">Muslims</option>
    <option value="Sikhs">Sikhs</option>
    <option value="Christianity">Christianity</option>
  </select>
</fieldset>
<br>
<br>
<fieldset>
  <legend>Other Details</legend>
  <label>Address<input type="text"></label> <br> <br>
  <label>Parent's Telephone no: <input type="text"></label> <br> <br>
  <label>Parent's Personal no: <input type="text"></label> <br> <br>
</fieldset>
<br>
<br>
<Fieldset>
  <p>Name and class of any brother(s)/sister(s) already attending the school
  <input type="text"></p>
</Fieldset>
<br>

```

```
<br>
<fieldset>
  <p>Types of Languages mostly spoken at home:</p>
  <label>1) <input type="text"></label> <br> <br>
  <label>2) <input type="text"></label>
</fieldset>
<br>
<br>
<fieldset>

  <legend>Hobbies</legend>
  <label> <input type="checkbox" name="Hobbies" value="Dancing">Dancing</la
bel>
  <label> <input type="checkbox" name="Hobbies" value="Singing">Singing</la
bel>
  <label> <input type="checkbox" name="Hobbies" value="Reading">Reading</la
bel>
  <label> <input type="checkbox" name="Hobbies" value="Sports">Sports</labe
l>
  <label> <input type="checkbox" name="Hobbies" value="Playing">Playing</la
bel>
</fieldset>
<br>
<div class="state1">
<p>Please press the Submit Button for confirming above details.</p>
<p>NOTE:-
  Once you press the Submit button, then you'll not be able to make any cha
nges in that</p>
</div>
<input class="button" type="submit" value="Submit"
<div class="Normal">

</h2>
<h1>Thank You!!!</h1>
</div>
</body>
</html>
```

CSS Code: -

```
*{
    margin: 1.5;
    padding: 0;
}
body{
    background-color: rgb(165, 163, 163);

    background-size: 100% 5000px ;
    background-repeat: no-repeat;
}
h1{
    Text-align: left;
    padding:20px;
    border: black dotted;
}
h2{
    text-align: center;
    padding:20px;
    border: black dotted;
}
h3{
    text-align: left;
}
.Normal{
    background: rgb(195, 221, 236);
    width: 500px;
    margin: 0px 0px 0px 430px;
    color: black;
    font-size: 18px;
    padding: 20px;
    border-radius: 10px;
}
#Normal{
    margin-left: 50px;
}
```

```

.button{
  width:200px;
  font-size: 16px;
  font-family: sans-serif;
  background-color: rgb(241, 237, 237) ;
  color:black;
  padding: 7px;
  border: solid;
  font-weight: 600;
}

.button:hover{
  background-color: rgb(1, 13, 17);
  color: rgb(16, 241, 241);
}

.state1{
  color: red;
  text-decoration: underline;
  text-shadow: black;
}

```

Output: -

Application For Admission:-

Child's Personal Details

First name:-

Last name:-

Gender

☐ Male

☐ Female

D.O.B in dd-mm-yyyy

Enter Date

D.O.B in dd-mm-yyyy	
Enter Date mm / dd / yyyy <input type="text"/>	
Nationality Hindu <input type="text"/>	
Other Details	
Address <input type="text"/>	
Parent's Telephone no: <input type="text"/>	
Parent's Personal no: <input type="text"/>	
Name and class of any brother(s)/sister(s) already attending the school <input type="text"/>	
Types of Languages mostly spoken at home:	
<input type="text"/>	
Types of Languages mostly spoken at home:	
1) <input type="text"/>	
2) <input type="text"/>	
Hobbies	
<input type="checkbox"/> Dancing <input type="checkbox"/> Singing <input type="checkbox"/> Reading <input type="checkbox"/> Sports <input type="checkbox"/> Playing	
Please press the Submit Button for confirming above details.	
NOTE:- Once you press the Submit button, then you'll not be able to make any changes in that	
<input type="button" value="Submit"/>	
Thank You!!!	

Website: -

<http://127.0.0.1:5501/NeelOther.html>