

Practical - 7

Working with Forms

1) Create an HTML5 Form as shown in the figure below.

The image shows a web form titled "Travel reservation form". Below the title, a note states "* denotes mandatory". The form contains the following fields and elements:

- Full name*:** A text input field with placeholder text "FirstName LastName".
- Email address*:** A text input field with placeholder text "EMAIL_ADDRESS".
- Select Tour Package* :** A dropdown menu with "Goa" selected.
- Arrival date*:** A text input field with placeholder text "m/d/y".
- Number of persons*:** A text input field with placeholder text "UNKNOWN_TYPE".
- What would you want to avail?***
 - Boarding ☐
 - Fooding ☐
 - Sight seeing ☐
- Discout Coupon code:** A text input field with placeholder text "UNKNOWN_TYPE".
- Terms and conditions***
 - ☒ I agree
 - ☐ I disagree
- Complete reservation** (Submit button)

Code:

```
<html>
<head>
  <title> travel reservation form </title>
</head>
<body>
  <h1>Travel Reservation Form</h1>
  <h4>* denotes mendotory</h4>
  <form>
    Full name*:<br>
```

```
<input type="text" placeholder="FirstName LastName"><br>
EMail address*:<br>
<input type="text" placeholder="EMAIL_ADDRESS"><br>
Select Tour Package*:<br>
<select>
    <option value="goa">Goa</option>
    <option value="mumbai">Mumbai</option>
    <option value="Diu and Daman">Diu and Daman</option>
</select><br>
Arrival date*:<br>
<input type="text" placeholder="m/d/y"><br>
Number of persons*:<br>
<input type="text" placeholder="UNKNOWN_TYPE"><br>
What would you want to avail?*<br>
<input type="checkbox" value="Boarding">Boarding<br>
<input type="checkbox" value="Fooding">Fooding<br>
<input type="checkbox" value="Sight seeing">Sight seeing<br>
Discount Coupon code:<br>
<input type="text" placeholder="UNKNOWN_TYPE"><br>
Terms and conditions*<br>
<input type="radio" name="choice" value="I agree">I agree
<input type="radio" name="choice" value="I disagree">I
disagree<br>
    <input type="submit" value="Complete Reservation">
</form>
</body>
</html>
```

OUTPUT :-

Travel Reservation Form

*** denotes mendotory**

Full name*:

EMail address*:

Select Tour Package*:

Arrival date*:

Number of persons*:

What would you want to avail?*

☐ Boarding

☐ Fooding

☐ SIght seeing

Discount Coupon code:

Terms and conditions*

☐ I agree ☐ I disagree

2) Create an HTML5 Form as shown in the figure below.

The diagram shows an HTML5 form with the following fields and attributes:

- Name:** (placeholder attribute, required attribute)
- E-Mail:**
- Phone:**
- Website:**
- Birthdate:**
- Quantity Attending:**
- Pattern:** (pattern attribute)
- Range:**
- Hair color:**
- Select photo images:** (Add files button)
- Search:**

A 'Submit' button is located at the bottom left of the form.

Code:

```
<html>
<head>
  <title> html form </title>
</head>
<body style="text-align: center;background-color: white;">
  <span style="background-color: red;color: white;font-size:
20px;">HTML FORM</span>
  <form>
    <table style="margin-left: auto; margin-right: auto;">
      <tr>
        <td>Name:</td>
        <td><input type="text" placeholder="Enter your
name"></td>
        <td>Search</td>
        <td><input type="search"></td>
      </tr>
      <tr>
        <td>E-Mail</td>
        <td><input type="email"></td>
      </tr>
      <tr>
        <td>Phone</td>
        <td><input type="tel"></td>
      </tr>
      <tr>
```


```

        <td>Website</td>
        <td><input type="url"></td>
    </tr>
    <tr>
        <td>Birthdate</td>
        <td><input type="date"></td>
    </tr>
    <tr>
        <td>Quantity Attending</td>
        <td><input type="number"></td>
    </tr>
    <tr>
        <td>Pattern</td>
        <td><input type="number" pattern="{0-9}[6]"></td>
    </tr>
    <tr>
        <td>Range</td>
        <td><input type="range"></td>
    </tr>
    <tr>
        <td>Hair Color</td>
        <td><input type="color"></td>
    </tr>
    <tr>
        <td>Select Photo Images</td>
        <td><input type="file"></td>
    </tr>
    <tr>
        <td><input type="submit" value="submit"></td>
    </tr>
</table>
</form>
</body> </html>

```

OUTPUT :-

HTML FORM

Name:	<input type="text" value="Enter your name"/>	Search <input type="text"/>
E-Mail	<input type="text"/>	
Phone	<input type="text"/>	
Website	<input type="text"/>	
Birthdate	<input type="text" value="mm/dd/yyyy"/> 	
Quantity Attending	<input type="text"/>	
Pattern	<input type="text"/>	
Range	<input type="range" value="25"/>	
Hair Color	<input type="color" value="#000000"/>	
Select Photo Images	<input type="button" value="Choose File"/> No file chosen	
<input type="button" value="submit"/>		

3) Create an HTML5 Form as shown in the figure below.

STUDENT REGISTRATION FORM

FIRST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																									
LAST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																									
DATE OF BIRTH	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>																										
EMAIL ID	<input type="text"/>																										
MOBILE NUMBER	<input type="text"/>	(10 digit number)																									
GENDER	Male <input type="radio"/> Female <input type="radio"/>																										
ADDRESS	<input type="text"/>																										
CITY	<input type="text"/>	(max 30 characters a-z and A-Z)																									
PIN CODE	<input type="text"/>	(6 digit number)																									
STATE	<input type="text"/>	(max 30 characters a-z and A-Z)																									
COUNTRY	<input type="text" value="India"/>																										
HOBBIES	Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="text"/>																										
QUALIFICATION	<table border="1"><thead><tr><th>Sl.No.</th><th>Examination</th><th>Board</th><th>Percentage</th><th>Year of Passing</th></tr></thead><tbody><tr><td>1</td><td>Class X</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>2</td><td>Class XII</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3</td><td>Graduation</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>4</td><td>Masters</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>		Sl.No.	Examination	Board	Percentage	Year of Passing	1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sl.No.	Examination	Board	Percentage	Year of Passing																							
1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
4	Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
COURSES APPLIED FOR	BCA <input type="radio"/> B.Com <input type="radio"/> B.Sc <input type="radio"/> B.A <input type="radio"/>																										
<input type="button" value="Submit"/> <input type="button" value="Reset"/>																											

Code:

```
<html>
<head>
    <title> REGISTRATION </title>
    <style>
#s1 {
    margin-left: 190px;
}
</style> </head>

<body>
    <center>
        <u style="color: blue;">
            <h1 style="color: blue;">STUDENT REGISTRATION
FORM</h1>
        </u>
    </center>
    <form style="border: 3px solid blue;">
        <table>
            <tr>
                <td>FIRST NAME</td>
```

<td><input type="text" pattern="{a-zA-Z}[30]">(max 30 characters a-z and A-Z)</td>

</tr>

<tr></tr> <tr></tr> <tr></tr> <tr></tr>

<tr>

<td>LAST NAME</td>

<td><input type="text" pattern="{a-zA-Z}[30]">(max 30 characters a-z and A-Z)</td>

</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>

<tr>

<td>DATE OF BIRTH</td>

<td>

<select>

<option value="Day">Day</option>

<option value="1">1</option>

<option value="2">2</option>

<option value="3">3</option>

<option value="4">4</option>

<option value="5">5</option>

<option value="6">6</option>

<option value="7">7</option>

<option value="8">8</option>

<option value="9">9</option>

<option value="10">10</option>

<option value="11">11</option>

<option value="12">12</option>

<option value="13">13</option>

<option value="14">14</option>

<option value="15">15</option>

<option value="16">16</option>

<option value="17">17</option>

<option value="18">18</option>

<option value="19">19</option>

<option value="20">20</option>

<option value="21">21</option>

<option value="22">22</option>

<option value="23">23</option>


```

        <option value="24">24</option>
        <option value="25">25</option>
        <option value="26">26</option>
        <option value="27">27</option>
        <option value="28">28</option>
        <option value="29">29</option>
        <option value="30">30</option>
        <option value="31">31</option>
    </select>
    <select>
        <option value="Month">Month</option>
        <option value="January">January</option>
        <option value="Febuary">Febuary</option>
        <option value="March">March</option>
        <option value="April">April</option>
        <option value="May">May</option>
        <option value="June">June</option>
        <option value="July">July</option>
        <option value="August">August</option>
        <option value="Sepetember">Sepetember</option>
        <option value="October">October</option>
        <option value="November">November</option>
        <option value="December">December</option>
    </select>
    <select>
        <option value="Year">Year</option>
        <option value="2018">2000</option>
        <option value="2019">2001</option>
        <option value="2020">2002</option>
        <option value="2021">2003</option>
        <option value="2022">2004</option>
        <option value="2023">2005</option>
    </select>
    </td>
</tr><tr></tr> <tr></tr> <tr></tr>
<tr>

```

```

        <td>EMAIL ID</td>
        <td><input type="email"></td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>
        <td>MOBILE NUMBER</td>
        <td><input type="number" pattern="{0-9}[10]">(10 digit
number)</td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>
        <td>GENDER</td>
        <td>
            <input type="radio" name="gender">Male
            <input type="radio" name="gender">Female
        </td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>
        <td>ADDRESS</td>
        <td>
            <textarea></textarea>
        </td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>
        <td>CITY</td>
        <td><input type="text" pattern="{a-zA-Z}[30]">(max 30
characters a-z and A-Z)</td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>
        <td>PIN CODE</td>
        <td><input type="number" pattern="{0-9}[6]">(6 digit
number)</td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>
        <td>STATE</td>
        <td><input type="text" pattern="{a-zA-Z}[30]">(max 30
characters a-z and A-Z)</td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>

```

```

        <td>COUNTRY</td>
        <td><input type="text" placeholder="india"></td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>
        <td>HOBBIES</td>
        <td>
            <input type="checkbox" value="drawing">Drawing
            <input type="checkbox" value="singing">Singing
            <input type="checkbox" value="dancing">Dancing
            <input type="checkbox"
value="sketching">Sketching<br>
            <input type="checkbox" value="others">Others<input
type="text">
        </td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>
        <td>QUALIFICATION</td>
        <td>
            <table style="border: 3px solid blue;text-align: center;">
                <tr>
                    <th>Sl.No.</th>
                    <th>Examination</th>
                    <th>Board</th>
                    <th>Percentage</th>
                    <th>Year of Passing</th>
                </tr>
                <tr>
                    <td>1</td>
                    <td>Class X</td>
                    <td><input type="text"></td>
                    <td><input type="text"></td>
                    <td><input type="text"></td>
                </tr>
                <tr>
                    <td>2</td>
                    <td>Class XII</td>
                    <td><input type="text"></td>

```

```

        <td><input type="text"></td>
        <td><input type="text"></td>
    </tr>
    <tr>
        <td>3</td>
        <td>Graduation</td>
        <td><input type="text"></td>
        <td><input type="text"></td>
        <td><input type="text"></td>
    </tr>
    <tr>
        <td>4</td>
        <td>Masters</td>
        <td><input type="text"></td>
        <td><input type="text"></td>
        <td><input type="text"></td>
    </tr>
    <tr>
        <td></td>
        <td></td>
        <td>(10 char max)</td>
        <td>(upto 2 decimal)</td>
        <td></td>
    </tr>
</table>
</td>
</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
<tr>
    <td>COURSE APPLIED FOR</td>
    <td>
        <input type="radio" name="course">BCA
        <input type="radio" name="course">B.Com
        <input type="radio" name="course">B.Sc
        <input type="radio" name="course">B.A
    </td>
</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>

```

```

<tr>
  <td></td>
  <td>
    <input type="submit" value="Submit">
    <input type="reset" value="Reset">
  </td>
</tr>
</table>
</form>
</body>
</html>

```

OUTPUT :-

STUDENT REGISTRATION FORM

FIRST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																									
LAST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																									
DATE OF BIRTH	<input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/>																										
EMAIL ID	<input type="text"/>																										
MOBILE NUMBER	<input type="text"/>	(10 digit number)																									
GENDER	<input type="radio"/> Male <input type="radio"/> Female																										
ADDRESS	<input type="text"/>																										
CITY	<input type="text"/>	(max 30 characters a-z and A-Z)																									
PIN CODE	<input type="text"/>	(6 digit number)																									
STATE	<input type="text"/>	(max 30 characters a-z and A-Z)																									
COUNTRY	<input type="text" value="india"/>																										
HOBBIES	<input type="checkbox"/> Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="text"/>																										
QUALIFICATION	<table> <thead> <tr> <th>Sl.No.</th> <th>Examination</th> <th>Board</th> <th>Percentage</th> <th>Year of Passing</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Class X</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td>Class XII</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td>Graduation</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td>Masters</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <div> (10 char max) (upto 2 decimal) </div>		Sl.No.	Examination	Board	Percentage	Year of Passing	1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sl.No.	Examination	Board	Percentage	Year of Passing																							
1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
4	Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
COURSE APPLIED FOR	<input type="radio"/> BCA <input type="radio"/> B.Com <input type="radio"/> B.Sc <input type="radio"/> B.A																										
<input type="button" value="Submit"/> <input type="button" value="Reset"/>																											

4) Create an HTML5 Form as shown in the figure below.

The screenshot shows an 'Application Form' with the following sections and fields:

- Personal details** (Section Header):
 - First Name: Text input
 - Middle Name: Text input
 - Surname: Text input
 - Gender: Dropdown menu (options: -select-)
 - Community: Dropdown menu (options: -select-)
 - Marital status: Dropdown menu (options: Unmarried)
 - Date of Birth: Three dropdown menus for Date, Month, and Year
 - Email: Text input
 - Mobile: Text input
 - Alternate Mobile: Text input
- Residential Address** (Section Header):
 - House Number: Text input
 - Street Name: Text input
 - District: Dropdown menu (options: East Godavari)
 - Mandal: Dropdown menu (options: select)
 - Municipality: Dropdown menu (options: Guntur)
 - Village Town/City: Dropdown menu (options: kakinada)
- Identification Marks** (Section Header):
 - Identification Marks1: Text input
 - Identification Marks2: Text input
 - Thumb Impression: Text input
- Name of Health Facility**:
 - Radio buttons for PHC, CHC, AH, and DHC
- Enrollment Under Disability Conditions** (Section Header):
 - 1. Thalassemia Major: Text input
 - 2. Sickel cell Disease: Text input
 - 3. Severe Hemophilia: Text input
- Footer/Summary** (Section Header):
 - Name: Text input
 - Address: Text input
 - Contact Number: Text input
 - Email Id: Text input

Code:

```
<html>
<head>
  <title> Form </title>
</head>
<body>
  <h1 style="color: violet; text-align: center;"><u>Application
Form</u></h1>
  <form style="border: 3px solid black;">
    <p style="color: red;">Personal Details</p>
    <table>
      <tr>
        <td>First Name</td>
```

```

<td><input type="text"></td>
<td>Marital Status</td>
<td>
    <select>
        <option value="unmarried">Unmarried</option>
        <option value="married">Married</option>
    </select>
</td>
</tr>
<tr></tr> <tr></tr> <tr></tr>
<tr>
    <td>Middle Name</td>
    <td><input type="text"></td>
    <td>Date of Birth</td>
    <td>
        <select>
            <option value="Day">Day</option>
            <option value="1">1</option>
            <option value="2">2</option>
            <option value="3">3</option>
            <option value="4">4</option>
            <option value="5">5</option>
            <option value="6">6</option>
            <option value="7">7</option>
            <option value="8">8</option>
            <option value="9">9</option>

```

```
<option value="10">10</option>
<option value="11">11</option>
<option value="12">12</option>
<option value="13">13</option>
<option value="14">14</option>
<option value="15">15</option>
<option value="16">16</option>
<option value="17">17</option>
<option value="18">18</option>
<option value="19">19</option>
<option value="20">20</option>
<option value="21">21</option>
<option value="22">22</option>
<option value="23">23</option>
<option value="24">24</option>
<option value="25">25</option>
<option value="26">26</option>
<option value="27">27</option>
<option value="28">28</option>
<option value="29">29</option>
<option value="30">30</option>
<option value="31">31</option>
</select>

<select>
  <option value="Month">Month</option>
  <option value="January">January</option>
```



```
<option value="Febuary">Febuary</option>
<option value="March">March</option>
<option value="April">April</option>
<option value="May">May</option>
<option value="June">June</option>
<option value="July">July</option>
<option value="August">August</option>
<option value="Sepetember">Sepetember</option>
<option value="October">October</option>
<option value="November">November</option>
<option value="December">December</option>
```

```
</select>
```

```
<select>
```

```
<option value="Year">Year</option>
<option value="2018">2002</option>
<option value="2019">2003</option>
<option value="2020">2004</option>
<option value="2021">2005</option>
<option value="2022">2006</option>
<option value="2023">2007</option>
```

```
</select>
```

```
</td>
```

```
</tr>
```

```
<tr></tr> <tr></tr> <tr></tr> <tr></tr>
```

```
<tr>
```

```
<td>Surname</td>
```

```

<td><input type="text"></td>
<td>Email</td>
<td><input type="email"></td>
</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
<tr>
<td>Gender</td>
<td>
<select>
<option value="select">Select</option>
<option value="male">Male</option>
<option value="female">Female</option>
<option value="others">Other</option>
</select>
</td>
<td>Mobile</td>
<td><input type="tel"></td>
</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
<tr>
<td>Community</td>
<td>
<select>
<option value="select">Select</option>
<option value="sebc">SEBC</option>
<option value="op">Open</option>
<option value="sc">SC</option>
<option value="st">ST</option>

```

```

        </select>
    </td>
    <td>Alternate Mobile</td>
    <td><input type="tel"></td>
</tr>
</table>
<p style="color: red;">Residenatl Address</p>
<table>
    <tr>
        <td>House Number</td>
        <td><input type="number"></td>
        <td>Mandal</td>
        <td>
            <select>
                <option value="select">Select</option>
                <option value="mandal">Mandal</option>
            </select>
        </td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr>
        <td>Street Number</td>
        <td><input type="number"></td>
        <td>Municipality</td>
        <td>
            <select>
                <option value="select">Select</option>

```

```

        </select>
    </td>
</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
<tr>
    <td>District</td>
    <td>
        <select>
            <option value="select">Select</option>
        </select>
    </td>
    <td>Village/Town/City</td>
    <td>
        <select>
            <option value="select">Select</option>
        </select>
    </td>
</tr>
</table>
<p style="color: red;">Identification Marks</p>
<table>
    <tr>
        <td>Identification Marks 1</td>
        <td><input type="number"></td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
<tr>
    <td>Identification Marks 2</td>

```

```

        <td><input type="number"></td>
</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
<tr>
        <td>Thumb Impression</td>
        <td><input type="text"></td>
</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
<tr>

```

```

        <td>Name of Health Facility</td>

```

```

        <td>
                <input type="checkbox" value="PHC">PHC
                <input type="checkbox" value="CHC">CHC
                <input type="checkbox" value="AH">AH<br>
                <input type="checkbox" value="DHC">DHC
        </td> </tr> </table>

```

<p style="color: red;">Enrollment Under Disability Conditions</p>

```

<table>
<tr>
        <td>1.Thalasemaia Major</td>
        <td><input type="text"></td>
</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
<tr>
        <td>2.Sickel cell Disease</td>
        <td><input type="text"></td>
</tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
<tr>
        <td>3.Severe Hemophila</td>

```

```

        <td><input type="text"></td>
    </tr><tr></tr> <tr></tr> <tr></tr> <tr></tr>
    <tr style="background-color:gainsboro;">
        <td style="background-color: gainsboro;">Name</td>
        <td style="background-color: gainsboro;"><input type="text"
style="background-color: gainsboro;"></td>
        <td style="background-color: gainsboro;">Contact
Number</td>
        <td style="background-color: gainsboro;"><input type="text"
style="background-color: gainsboro;"></td> </tr>
    <tr style="background-color: gainsboro;">
        <td style="background-color: gainsboro;">Address</td>
        <td style="background-color: gainsboro;"><Textarea
style="background-color: gainsboro;"></Textarea></td>
        <td style="background-color: gainsboro;">Email Id</td>
        <td style="background-color: gainsboro;"><input type="text"
style="background-color: gainsboro;"></td>
    </tr>
</table>
</form>
</body>
</html>

```

OUTPUT :-

Application Form

Personal Details

First Name Marital Status

Middle Name Date of Birth

Surname Email

Gender Mobile

Community Alternate Mobile

Residential Address

House Number Mandal

Street Number Municipality

District Village/Town/City

Identification Marks

Identification Marks 1

Identification Marks 2

Thumb Impression

Name of Health Facility ☐ PHC ☐ CHC ☐ AH
☐ DHC

Enrollment Under Disability Conditions

1. Thalasemia Major

2. Sickle cell Disease

3. Severe Hemophila

Name	<input type="text"/>	Contact Number	<input type="text"/>
Address	<input type="text"/>	Email Id	<input type="text"/>

5) Create a HTML5 form as shown in the figure below.

Code:

```
<html>
<head>
  <title>registration</title>
  <style>
    .container {
      display: flex;
      align-items: center;
      justify-content: center;
    }
    .tableborder {
      width: 100%;
    }
  </style>
</head>
<body>
  <div class="container">
    <form>
      <label>Your Name</label><br>
      <input type="text" placeholder="John Doe" style="width:
100%;"><br>
      <label>Your Email</label><br>
```



```

        <input type="email" placeholder="john.doe@email.com"
style="width: 100%;"><br>
        <label>Your Phone</label><br>
        <input type="tel" placeholder="498-348-3872" style="width:
100%;">
        <hr>
        <table >
            <tr>
                <td>Adults<br></td>
                <td>Children</td>
            </tr>
            <tr>
                <td><input type="number" placeholder="2" style="margin-
left:1px; margin-right: 10px;"></td></td>
                <td><input type="number" placeholder="2" style="margin-
right: 20px;"></td></td>
            </tr>
            <tr>
                <td>Check-in Date</td>
                <td>Check-out Date</td>
            </tr>
            <tr>
                <td class="tableborder"><input type="date"></td>
                <td><input type="date" style="margin-right: 20px;"></td>
            </tr>
        </table>
        <label>Select Room Preferences</label><br>
        <select style="width: 50%;">
            <option value="choose a room from the list">Choose a
Room From The List</option>
        </select><br>
        <hr>
        <label>Anything Else?</label><br>
        <textarea cols="50" rows="10" placeholder="Tell us anything
else that might be important"></textarea><br><br>
        <input type="submit" value="Book The Rooms"
style="background-color: yellow; height: 50px; ">
    </form>
</div>
</body>
</html>

```

OUTPUT :-

Your Name

John Doe

Your Email

john.doe@email.com

Your Phone

498-348-3872

Adults

2

Children

2

Check-in Date

dd-mm-yyyy



Check-out Date

dd-mm-yyyy



Select Room Preferences

Choose a Room From The Li ▼

Anything Else?

Tell us anything else that might be important

Book The Rooms