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index.php

```
1
   <!DOCTYPE html>
 2
   <html lang="en">
 3
     <head>
4
       <meta charset="utf-8">
 5
       <title>Registration Form</title>
 6
       <style>
   *{
 7
8
       margin: 0%;
9
       padding: 0%;
10
       box-sizing: border-box;
11
12
   body{
13
       background:linear-gradient(rgba(182, 245, 9, 0.525),rgba(242, 180, 12, 0.645))
   ,url("https://images.pexels.com/photos/3184354/pexels-photo-3184354.jpeg?
auto=compress&cs=tinysrgb&w=600");
14
       background-size: cover;
15
       background-repeat: no-repeat;
       background-attachment: scroll;
16
17
       padding-left: 550px;
       padding-right:400px;
18
19
   }
20
   h1{
21
       padding-top: 70px;
22
       text-shadow:5px 5px 8px rgb(57, 56, 56);
23
   }
24
   form{
25
       border: 3px solid black;
26
       padding:20px 10px 40px 10px;
27
       font-size:30px ;
28
       box-shadow: 10px 10px 10px black;
29
   }
30
   button{
31
       background-color: rgb(10, 2, 2);
32
       color: white;
33
       height: 30px;
       width:80px;
34
35
   }
36
   button:hover{
       background-color: white;
37
38
       color: black;
39
       transform:scale(1.1);
40
41
42
43
   </style>
44
     </head>
45
     <body >
46
       <center>
47
           <form action="connection.php" method="post">
48
49
               50
                   (tr)
51
                     <label>Student Name:</label>
            52
    required
53
                    54
```

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```
55
                  (tr)
56
                     <label>Student ID:</label>
                     <input type="text" name="studentId" placeholder="Enter Your id"
57
    required style="height: 30px;" />
58
59
                  </r>
60
                     <label>Email:</label>
                     <input type="email" name="email" placeholder="Enter Your Email"
61
    required style="height: 30px;" />
62
                    63
64
                  65
                      <label>Gender:</label>
                     <input type="text" name="gender" placeholde="Enter Your Gender"
66
    style="height: 30px;"/>
67
                         68
                         69
                  <label>DOB :</label>
70
                      <input type="date" name="dob" style="height: 30px;"/>
71
72
                    73
74
                    75
                      <label>Parent Name:</label>
    76
77
                     78
                     79
80
                  <
81
                     <label>Phone:</label>
                     <input type="text" name="country code" value="+91" size="2"
82
    style="height: 30px;"/>
83
                     input type="tel" name="phone" placeholder="Enter Your Number"
    maxlength="10" style="height: 30px;"/>
84
                    85
86
                  <label>Course :</label>
87
88
                     <select name="course" style="height: 30px;">
                            <option value="course">Course</option>
89
90
                            <option value="B.Tech">B.Tech</option>
91
                            <option value="M.Tech">M.Tech</option>
92
                            <option value="Degree">Degree</option>
93
                            <option value="Diploma">Diploma</option>
94
                         </select>
                     </label<form>
95
                  96
                     <label>Department :</label>
97
                     <select name="department" style="height: 30px;">
98
                         <option value="department">Department</option>
99
100
                         <option value="CSE">CSE</option>
101
                         <option value="ECE">ECE</option>
                         <option value="EEE">EEE</option>
102
103
                         <option value="MECH">MECH</option>
104
                         <option value="CIVIL">CIVIL</option>
                     </select>
105
                      106
107
                  >
108
                     <label>Academic year :</label>
                     <select name="academicYear" style="height: 30px;">
109
```

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```
<option value="year">Year</option>
110
111
                          <option value="I">I</option>
                          <option value="II">II</option>
112
113
                          <option value="III">III</option>
                          <option value="IV">IV</option>
114
115
                        </select>
116
                      117
118
                   >
119
                      <label>Semester :</label>
120
                      <select name="semester" style="height: 30px;">
121
                          <option value="semester">Semester</option>
122
                          <option value="I">I</option>
123
                          <option value="II">II</option>
124
                        </select>
125
                      126
127
                      >
128
                          <label>CGPA :</label>
129
                          <input type="text" name="cgpa" placeholder="Enter Your CGPA"
    required style="height: 30px;"/>
130
                          131
                      132
133
                       <button type="submit">Submit</button>
134
                      <button type="reset">Reset</button>
135
                   136
               137
           </form>
138
        </center>
139
140
141
          </body>
142
        </html>
```