MODERN APPLICATION DEVELOPMENT

JAVA SPRING BOOT

WEEK-1

20MIS0397

KARTHICK SRINIVAS G

1) CREATE FORM WITH HTML AND APPLY CSS?

CODE:

```
<!DOCTYPE html>

<html>

<head>

 <title>Hospital Management Form</title>

 <style>

  body {

   font-family: Arial, sans-serif;

  }


  .container {

   max-width: 400px;

   margin: 0 auto;

   padding: 20px;
```

```css
  border: 1px solid #ccc;

  border-radius: 5px;

  background-color: #f2f2f2;

}


.container h2 {

  text-align: center;

}


.form-group {

  margin-bottom: 15px;

}


.form-group label {

  display: block;

  margin-bottom: 5px;

  font-weight: bold;

}


.form-group input[type="text"],

.form-group input[type="email"],

.form-group select {

  width: 100%;
```

```css
    padding: 8px;

    border-radius: 3px;

    border: 1px solid #ccc;

    }


   .form-group select {

    height: 34px;

    }


   .form-group input[type="submit"] {

    background-color: #4CAF50;

    color: #fff;

    padding: 10px 20px;

    border: none;

    border-radius: 3px;

    cursor: pointer;

    }


   .form-group input[type="submit"]:hover {

    background-color: #45a049;

    }
  </style>
 </head>
```

```html
<body>
  <div class="container">
    <h2>Hospital Management Form</h2>
    <form action="#" method="post">
      <div class="form-group">
        <label for="patient-name">Patient Name:</label>
        <input type="text" id="patient-name" name="patient-name" required>
      </div>
      <div class="form-group">
        <label for="patient-email">Patient Email:</label>
        <input type="email" id="patient-email" name="patient-email" required>
      </div>
      <div class="form-group">
        <label for="doctor">Select Doctor:</label>
        <select id="doctor" name="doctor" required>
          <option value="">-- Select --</option>
          <option value="dr-johnson">Dr. Johnson</option>
          <option value="dr-smith">Dr. Smith</option>
          <option value="dr-doe">Dr. Doe</option>
        </select>
      </div>
      <div class="form-group">
        <label for="appointment-date">Appointment Date:</label>
```

```html
        <input type="date" id="appointment-date" name="appointment-date"
required>

    </div>

    <div class="form-group">

      <label for="message">Additional Message:</label>

      <textarea id="message" name="message" rows="5"></textarea>

    </div>

    <div class="form-group">

      <input type="submit" value="Submit">


              <h3> 20MIS0397 </h3>

              <h3> KARTHICK SRINIVAS G </h3>

    </div>

   </form>

  </div>

</body>

</html>
```

OUTPUT:

Hospital Management Form

Patient Name:

Patient Email:

Select Doctor:

-- Select --

Appointment Date:

17 / 05 / 2023

Additional Message:

Submit

20MIS0397

KARTHICK SRINIVAS G