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**Subject:- Emerging** 

**Technologies** 

(IOT)

Div :- G-1

Personal Digital Portfolio

## HTML:-

```
<!DOCTYPE html>
<html lang="en">
   <meta charset="UTF-8" />
   <title>Personal Portfolio Website</title>
   <!---->
   <link rel="stylesheet" href="om.css" />
 </head>
  <body>
   <div class="hero">
     <nav>
       <img src="C:\Users\OM\Downloads\WhatsApp Image 2023-05-26 at</pre>
18.54.36.jpg" class="logo" />
       <u1>
         <a href="#">Home</a>
         <a href="#">About</a>
         <a href="#">Service</a>
         <a href="#">Portfolio</a>
         <a href="#">Education</a>
         <a href="#">Contact</a>
       <a href="#" class="btn">Resume</a>
     </nav>
     <div class="content">
       <span class="title">Freelance Web Developer</span>
       <h1>Hello, I'm <span>OM BHUTKAR</span></h1>
         I'm first year BTech engineering student persuing computer
engineering at MIT AOE alandi, pune .
       <u1>
           Email: <om class="Bhutkar"></om>@mitaoe.ac.in
           Phone:9156194459
           Social media: Instagram: 
       <br>
Select your language:-
<select name="Select your language">
<option value="language"></option>
```

```
<option value="marathi">Marathi</option>
<option value="Hindi">Hindi</option>
<option value="English">English</option>\
</select>
<br><br><br>
Enter file:-
<input type="Choose file" value="Choose File"></input>
No file chosen
<br>
<br>
<br/><big>Choose your city</big>
<br>
<select name="city">
   <option value="Delhi">Delhi</option>
   <option value="pune">Pune</option>
   <option value="Nagpur">Nagpur</option>
   <option value="amravati">Amravati</option>
  </select>
      <br><br><br>></pr>
  <textarea name="feedback" id="101" placeholder="enter your feedback"</pre>
rows="5">Feedback</textarea>
  <br>
         <br>
         <br>
          <input type="checkbox"> I Agree
          <input type="Submit" value="Submit"></input>
          <input type="reset" value="reset"></input>
          <head><title>Timetable</title></head>
          <body>
          <marquee>
         <h1> TIMETABLE(G1 BATCH) </h1>
         </marquee>
          Day/Time
           8:30 to 9:25
          9:25 to 10:30
 10:30 to 11:25
 11:25 to 12:20
 12:20 to 13:15
 13:15 to 14:10
```

```
14:10 to 15:05
15:05 to 16:00
16:00 to 16:50
Mon
<center>FE</center>
<center>EDS</center>
<center>ET</center>
<TD><center>BREAK</center></TD>
<TD></TD>
<TD></TD>
<TD></TD>
Tue
<center>Physics</center>
<center>SIC</center>
<center>Physics(Lab)</center>
<center>EEE(Lab)</center>
Wed
<center>EGR(CAD)</center>
<center>EEE</center>
<center>Physics</center>
<center>EDS(LAB)</center>
<center>MT</center>
<TD><center>Mentoring</center></TD>
<TD></TD>
Thur
<center>EDS(LAB)</center>
<center>SIC</center>
<center>Physics</center>
<center>EGR(DH)</center>
<center>ET</center>
FRI
<center>SIC</center>
<center>EEE</center>
<center>EGR(DH)</center>
```

```
<center>EEE</center>
<center>EDS</center>
SAT
<center>Indian Constitution</center>
<center>Language Club<center>
<center>Sports<center>
</body>
<!DOCTYPE html>
<html>
<head>
<title>Feedback Form</title>
<style>
.container {
width: 400px;
margin: 0 auto;
.form-group {
margin-bottom: 20px;
label {
display: block;
font-weight: bold;
margin-bottom: 5px;
textarea {
width: 100%;
padding: 5px;
height: 100px;
input[type="submit"] {
width: 100px;
```

```
padding: 10px;
background-color: #4CAF50;
color: white;
border: none;
cursor: pointer;
</style>
</head>
<body>
<div class="container">
<h2>Feedback Form</h2>
<form>
<div class="form-group">
<label for="name">Name:</label>
<input type="text" id="name" name="name" required>
</div>
<div class="form-group">
<label for="email">Email:</label>
<input type="text" id="email" name="email" required>
</div>
<div class="form-group">
<label for="message">Message:</label>
<textarea id="message" name="message" required></textarea>
<input type="submit" value="Submit">
</div>
</body>
</html>
<!DOCTYPE html>
<html>
<head>
<title>Personal Profile</title>
<style>
.container {
width: 400px;
margin: 0 auto;
.form-group {
margin-bottom: 20px;
label {
display: block;
font-weight: bold;
margin-bottom: 5px;
```

```
input[type="text"], select {
width: 100%;
padding: 5px;
input[type="submit"] {
width: 100px;
padding: 10px;
background-color: #4CAF50;
color: white;
border: none;
cursor: pointer;
</style>
</head>
<body>
<div class="container">
<h2>Personal Profile</h2>
<form>
<div class="form-group">
<label for="name">Name:</label>
<input type="text" id="name" name="name" required>
</div>
<div class="form-group">
<label for="contact">Contact Number:</label>
<input type="text" id="contact" name="contact" required>
</div>
<div class="form-group">
<label for="email">Email:</label>
<input type="text" id="email" name="email" required>
</div>
<div class="form-group">
<label for="website">Website:</label>
<input type="text" id="website" name="website" required>
</div>
<div class="form-group">
<label for="address">Address:</label>
<input type="text" id="address" name="address" required>
</div>
<div class="form-group">
<label for="birthdate">Birth Date:</label>
<input type="date">
</div>
<div class="form-group">
<label for="maritalstatus">Marital Status:</label>
<select id="maritalstatus" name="maritalstatus" required>
<option value="married">Married</option>
```

```
<option value="unmarried">Unmarried</option>
</select>
</div>
<div class="form-group">
<label for="gender">Gender:</label>
<select id="gender" name="gender" required>
<option value="male">Male</option>
<option value="female">Female</option>
</select>
</div>
<div class="form-group">
<label for="weight">Weight:</label>
<input type="text" id="weight" name="weight" required>
</div>
<div class="form-group">
<label for="height">Height:</label>
<input type="text" id="height" name="height" required>
</div>
<div class="form-group">
<label for="bloodtype">Blood Type:</label>
<select id="bloodtype" name="bloodtype" required>
<option value="A">A</option>
<option value="A+">A+</option>
<option value="B">B</option>
<option value="B+">B+</option>
<option value="0">0</option>
</select>
</div>
<div class="form-group">
<label for="religion">Religion:</label>
<input type="text" id="religion" name="religion" required>
</div>
<div class="form-group">
<label for="placeofbirth">Place of Birth:</label>
<input type="text" id="placeofbirth" name="placeofbirth" required>
</div>
<input type="submit" value="Submit">
</form>
</div>
</body>
</html>
<!DOCTYPE html>
<html>
   <body>
                          Learned HTML from
                                                       </h2>
   <!-- Iframe tag is use to show a website inside a website-->
```

```
<iframe width="660" height="415"</pre>
src="https://i.ytimg.com/vi/BsDoLVMnmZs/hqdefault.jpg?sqp=-
oaymwEXCNACELwBSFryq4qpAwkIARUAAIhCGAE=&rs=AOn4CLByAimnnzNUpNZp_sNYYAqgGgBrQA"
title="YouTube videos by code with harry" frameborder="0"
allow="accelerometer; autoplay; clipboard-write; encrypted-media; gyroscope;
picture-in-picture; web-share" allowfullscreen></iframe>
    <br><br><br>></pr>
    <hr>>
    <br><br><br>>
</body>
<!DOCTYPE html>
<html>
</body>
<a href="#" class="btn">Download certificates</a>
</div>
</div>
</body>
</html>
<!DOCTYPE html>
<html>
<body><style>
    body {background-color:rgb(243, 239, 239);}
    h1 {color: rgb(249, 242, 242);}
         {color: rgb(242, 235, 235);}
    </style>
```

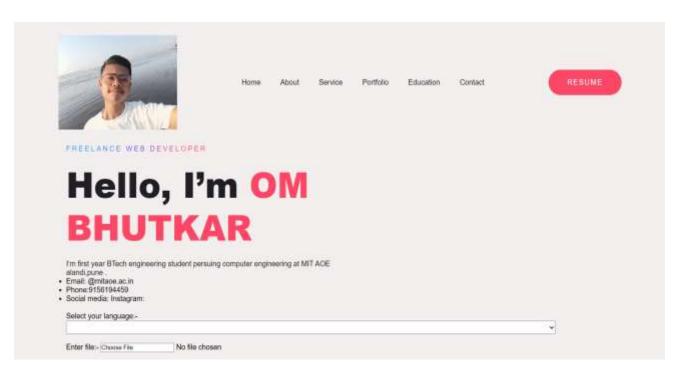


```
margin: 0;
  padding: 0;
  box-sizing: border-box;
  font-family: "Poppins", sans-serif;
a {
  text-decoration: none;
.hero {
 width: 100%;
  height: 100vh;
  background: url(img/bg.png);
  background-size: cover;
nav {
  display: flex;
  align-items: center;
  justify-content: space-between;
  padding: 30px 100px;
.logo {
 max-height: 200px;
nav ul li {
 list-style: none;
  display: inline-block;
  padding: 10px 20px;
nav ul li a {
  color: #1d1d24;
  position: relative;
  padding: 5px 0;
nav ul li a:hover {
  color: #fd4766;
nav ul li a:after {
  content: "";
  position: absolute;
  left: 0;
  width: 0;
  height: 3px;
```

```
background: #5ffd47;
  transition: 0.3s;
  bottom: 0;
nav ul li a:hover:after {
 width: 100%;
.btn {
  color: #fff;
  font-size: 16px;
  text-transform: uppercase;
  letter-spacing: 2px;
  padding: 16px 40px;
  border-radius: 500px;
  display: inline-block;
  font-weight: 500;
  transition: all 0.4s ease-in-out;
  background-size: 152% 100%;
  background: #fd4766;
  border: 2px solid #fd4766;
.btn:hover {
  background: transparent;
 border-color: #fd4766;
 color: #fd4766;
.content {
  position: absolute;
 top: 35%;
 left: 8%;
.content .title {
 color: #0a0a0a;
  font-size: 15px;
  text-transform: uppercase;
  letter-spacing: 4px;
  display: inline-block;
 margin-bottom: 20px;
  background: linear-gradient(
   120deg,
   #1c99fe 20.69%,
   #7644ff 50.19%,
   #fd4766 79.69%
  );
  -webkit-background-clip: text;
  -webkit-text-fill-color: transparent;
.content h1 {
```

```
color: #1f1f25;
  font-size: 75px;
  font-weight: 900;
  line-height: 90px;
  text-transform: inherit;
  width: 70%;
}
.content h1 span {
  color: #fd4766;
}
.content p {
  width: 55%;
  color: #202020;
  margin-top: 25px;
  margin-bottom: 30px;
}
```

## Output:-





Feedback Form Name:	
Email:	
Message:	
Personal Profile Name:	
Contact Number:	
Email:	
Website:	

Birth Date:  dd-mm-yyyy		
Marital Status:		
Married	•	
Gender:		
Male	~	
Weight:		
Height:		
Blood Type:		
A	~	
Religion:		
Place of Birth:		
	Weight: Height: Blood Type:	Weight:  Height:  Blood Type:  A  Religion:  Place of Birth:



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## THANK YOU....