



Lab#1(a) Creating a registration Page with HTML 5 Validation

TAGS USED	ATTRIBUTES USED	DESCRIPTION
<HTML>	--	Write the description of HTML tags and attributes
<HEAD>	--	Write the title and meta tags here
<META>	CHARSET,NAME	Attribute of metadata
<TITLE>	BGCOLOR,TEXT, BACKGROUND	Write title of your website
<STYLE >	ALIGN	
<BODY >	FACE,SIZE,COLOR	
<FORM>	ACTION,METHOD	Attributes for user input and data submission
<LABEL>	FOR	Attribute of the corresponding input element
<TD>	COLSPAN,ALIGN	Define cell in html table
<TR>	--	Define row in table



Final Outcome:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Email	<input type="text"/>		
Phone	<input type="text"/>		
City	<input type="text"/>		
Age	<input type="text"/>		
Profession	<input type="text"/>		
Password	<input type="text"/>		
Confirm Password	<input type="text"/>		
Gender	<input type="radio"/> Male	<input type="radio"/> Female	
<input type="button" value="Submit"/>			

Code Snippet:

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Registration Form</title>
  <style>
    body {
      background-color: #333;
      color: white;
    }
    table {
      margin: 0 auto;
      border-collapse: collapse;
    }
    td {
      padding: 8px;
    }
    input[type="text"],
    input[type="email"],
    input[type="tel"],
    input[type="password"] {
      width: 98%;
    }
  </style>
</head>
<body>
  <form action="#">
    <table border="1">
      <tr>
        <td>First Name:</td>
        <td><input type="text" name="first_name"></td>
      </tr>
      <tr>
        <td>Last Name:</td>
        <td><input type="text" name="last_name"></td>
      </tr>
      <tr>
        <td>Email</td>
        <td colspan="3"><input type="email" name="email"></td>
      </tr>
      <tr>
        <td>Phone</td>
        <td colspan="3"><input type="tel" name="phone"></td>
      </tr>
      <tr>
        <td>City</td>
```



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```
<td colspan="3"><input type="text" name="city"></td>
</tr>
<tr>
  <td>Age</td>
  <td colspan="3"><input type="text" name="age"></td>
</tr>
<tr>
  <td>Profession</td>
  <td colspan="3"><input type="text" name="profession"></td>
</tr>
<tr>
  <td>Password</td>
  <td colspan="3"><input type="password" name="password"></td>
</tr>
<tr>
  <td>Confirm Password</td>
  <td colspan="3"><input type="password" name="confirm_password"></td>
</tr>
<tr>
  <td>Gender</td>
  <td><input type="radio" name="gender" value="male"> Male</td>
  <td colspan="2"><input type="radio" name="gender" value="female"> Female</td>
</tr>
<tr>
  <td align="center" colspan="4"><input type="submit" value="Submit"></td>
</tr>
</table>
</form>
</body>
</html>
```