قسم علوم الحاسوب وتقنية المعلومات



الجمهورية اليمنية

جامعة إب كلية العلوم

واجب مقرر

<u>تصمیم ویب - عملی</u> Web Design

المحاضرة الثالثة

عمل الطالب:

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إشراف:

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2024 - 2025

الكود:

```
<!DOCTYPE html>
    <meta charset="USF-8">
    <title>Home Work 3</title>
  </head>
  <body >
    <caption>Cost of Food</caption>
      Ιd
        Food
        Cost
        1
        Rice 
        25$
      2
        Checken
        35$
      3
        Board
        10
      Total
        70$
      <div>
      <caption> in another case</caption>
      id
```

```
1
               2
               3
               Total
           Food
               Rice
              Chicken
               Board
           Cost
               25$
               35$
              10$
               70$
           </div>
   <hr>>
   <audio controls autoplay loop muted>
       "mp3._قم وحيداً/source src="../Book_Store/All_Lecture/Media.
type="audio/mp3">
       "wav. قم وحيداً/source src="../Book_Store/All_Lecture/Media."
type="audio/wav">
       "ogg. قم وحيداً/source src="../Book Store/All Lecture/Media..."
type="audio/ogg">
       Your Prowser Dose not Support The Audio
   </audio>
   <hr>>
    <video controls autoplay loop muted width="500" height="300"</pre>
poster="../Book Store/All Lecture/home/تنزیل.jpeg">
       <source src="../Book_Store/All_Lecture/Media/Abdulqader_Qawza_-</pre>

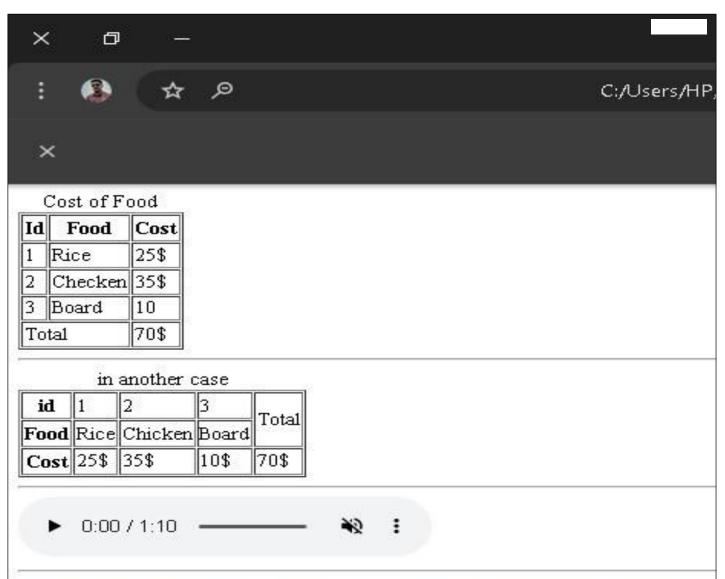
_Alqabqaba___ عبدالقادر قوزع - الْقَبِقَبَة___Alqabqaba_
       <source src="../Book_Store/All_Lecture/Media/Abdulqader_Qawza_-</pre>
Alqabqaba قوزع - الْقَبَقَبَة (360p).ogg" type="video/ogg">
       Your Prowser Dose not Support The Vedio
   </video>
   <hr>>
   <hr>>
    <form action="HW3.php" method="get" autocomplete="on"</pre>
enctype="multipart/form-data">
       <fieldset>
           <legend>Information For Traviling</legend>
           <div>
               <div>
                  <label for="std name">NAME : </label>
                  <input type="text" required placeholder="Write Your</pre>
Name " id="std name">
              </div>
               <div>
                  <label for="std_age">AGE :</label>
```

```
<input type="number" required id="std_age"</pre>
maxlength="2" min="3">
                                           </div>
                               </div>
                               <div>
                                           <div>
                                                      <label>Gender :</label>
                                                      <input type="radio" required id="male" name="gender"</pre>
value="male" checked>
                                                     <label for="male">Male</label>
                                                      <input type="radio" required id="female" name="gender"</pre>
value="female">
                                                     <label for="female">Female </label>
                                          </div>
                                           <div>
                                                      <label for="std_image">Picture for Your Personality :
 </label>
                                                      <input type="file" id="std_image">
                                           </div>
                                </div>
                                <div>
                                           <div>
                                                     <label for="std_edu">Educational Qualification :
</label>
                                                     <input type="text" required id="std_edu"</pre>
list="List_edu">
                                                     <datalist id="List edu">
                                                                <option value="Secondary School">Secondary
School</option>
                                                                <option value="Bachelor's Degree">Bachelor's
Degree</option>
                                                                <option value="Master's Degree">Master's
Degree</option>
                                                                <option value="Ph Degree">Ph Degree</option>
                                                     </datalist>
                                          </div>
                                           <div>
                                                      <label for="std_year">Year for Graduation : </label>
                                                      <select id="std year">
                                                                <option value="2020">2020</option>
                                                                <option value="2021">2021</option>
                                                                <option value="2022">2022</option>
                                                                <option value="2023">2023</option>
                                                                <option value="2024">2024</option>
                                                      </select>
                                           </div>
                                </div>
                                <div>
                                           <div>
                                                      <label for="trv color">Color of Your Bage : </label>
                                                      <input type="color" id="trv_color">
                                           </div>
                                          <div>
                                                     <br/>
```

```
<hr>>
                    <input type="checkbox" value="Draw" id="sk1">
                    <label for="sk1">Drawing</label>
                    <br>
                    <input type="checkbox" value="Swim" id="sk2">
                    <label for="sk2">Swimming</label>
                    <input type="checkbox" value="Read" id="sk3">
                    <label for="sk3">Reading</label>
                    <br>
                    <input type="checkbox" value="Programmer" id="sk4">
                    <label for="sk4">Programmer</label>
                    <br>
                </div>
            </div>
            <div>
                <label for="trv_am">Time for Your Traviling : </label>
                <input type="radio" id="mor" name="trv_am" value="in the</pre>
morning" checked>
                <label for="mor">In the Morning</label>
                <input type="radio" id="eve" name="trv_am" value="in the</pre>
evening" >
                <label for="eve">In the evening</label>
            </div>
            <div>
                <label >If you have <b>Notes</b> Write there : </label>
                <textarea name="note" rows="6" cols="40"
placeholder="Write Your Note "></textarea>
            </div>
            <div>
                <input type="submit" value="Send" id="register">
                <input type="reset" value="Remove" id="cancel">
                <button id="edit">Edit</putton>
                <button id="show">Show</button>
                <button id="print">Print
            </div>
            <hr>>
            <div>
                <input type="hidden">
                Password : <input type="password" required>
                Number : <input type="number" max="70" min="10"</pre>
maxlength="2">
                <br>
                Search :<input type="search" autofocus>
                URL :<input type="url" required>
                Date for Week :<input type="week" >
                Time : <input type="time" >
                <br>
                Date :<input type="date" >
                <br>
```

```
Date for the Computer : <input type="datetime-local" >
                Date for Month and Year : <input type="month" >
                 <br>
                 <label >Range : </label>
                 <input type="range" name="range" step="10" min="0"</pre>
max="100">
                 <br>
                 <label for="">UserName :</label>
                 <input type="text" value="Osama" readonly>
                 <label for="">Email : </label>
                <input type="email" required placeholder="Your Email</pre>
@gmail.com" value="em@gmail.com" name="mail">
            </div>
            <div>
                 <disabled>
                     <br>
                     <label for="job">Jobs : </label>
                     <select name="job" id="job" multiple>
                         <optgroup label="Hospital">
                             <option value="Doctor"</pre>
selected>Doctor</option>
                             <option value="Nurse">Nurse</option>
                             <option value="Pharmacist">Pharmacist</option>
                         </optgroup>
                         <optgroup label="School">
                             <option value="Teacher">Teacher</option>
                             <option value="Manager">Manager</option>
                             <option value="Student">Student</option>
                         </optgroup>
                     </select>
                     <input type="submit">
                     <input type="image" src="photo.jpg" title="Sent"</pre>
style="width: 70px;height: 70px;">
                 </disabled>
            </div>
        </fieldset>
    </form>
    <br>
    <hr>>
    <img src="photo.jpg" alt="IBB Univercity " usemap="#UNIv"</pre>
width="400px" height="300px">
    <map name="UNIv">
        <area shape="rect" coords="20,130,122,240" href="Lecture1.html"</pre>
alt="">
    </body>
</html>
```

التنفيذ :





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: 🔒 🖈 👂	C:/Users/HP/Deskto
×	
Information For Traviling NAME: Write Your Name AGE: Gender: ● Male ○ Female Picture for Your Personality: كُمْ اِحْمِار أَحِّ مَلِّكُ الْحَمِار أَحِّ مَلِّكُ الْحَمِار أَحِّ مَلِّكُ الْحَمِار أَحِ مَلِّكُ الْحَمِار أَحِيْ مِلْكُ الْحَمِار أَحِيْر أَحْيِر أَحِيْر أَحِيْر أَحْيِر أَحِيْر أَحِيْر أَحِيْر أَحِيْر أَحِيْر أَحْيِر أَحِيْر أَحِيْر أَحْيِر أَحْي أَحِيْر أَحْيِر أَحْي أَحِيْر أَحْيِر أَحْي أَعْدُ أَعْلِي أَعْلِي أَعْلِيْر أَحْيِر أَحْي أَعْدُ أَعْلِي	
If you have Notes Write there : Send Remove Edit Show Print	
Password: Number: Search: URL: Date for Week: Date: Date: Date for the Computer: Date for Month and Year:	

