Practical 5

Name – Priyanshu Mishra

University Roll No. – 2200290110131

Code:

<!DOCTYPE html>

<html lang="en">

<head>

<title>Complex form</title>

</head>

<body>

<form >

<h2 align="center" >Registration</h2>

<fieldset>

<legend>Personal Information</legend>

<label for="name">Name: </label>

<input type="text" id="name"><br><br>

<label for="mail">Email: </label>

<input type="email" id="mail"><br><br>

<label for="pass">Password: </label>

<input type="password" id="pass"><br><br>

<label for="phone">Phone: </label>

<input type="tel" id="phone"><br><br>

<label for="dob">Date of Birth: </label>

<input type="date" id="dob"><br>

<p>Gender:

<input type="radio" name="gender" id="male">

<label for="male">Male </label>

<input type="radio" name="gender" id="female">

<label for="female">Female </label>

</p>

</fieldset>

<fieldset>

<legend>Address</legend>

<label for="street">Street: </label>

<input type="text" id="street"><br><br>

<label for="city">City: </label>

<input type="text" id="city"><br><br>

<label for="state">State: </label>

<input type="text" id="state"><br><br>

<label for="code">Zip Code: </label>

<input type="text" id="code"><br><br>

</fieldset>

<fieldset>

<legend>Other Information</legend>

<label for="comment">Comment: </label><br>

<textarea name="comment" id="comment" cols="30" rows="10" placeholder="write comment here..."></textarea>

<label for="terms">I agree to the terms of service </label>

<input type="checkbox" name="terms" id="terms">

</fieldset><br>

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

</form>

</body>

</html>

Output:

