

1. ATLAS PACKERS AND MOVERS:----

```
<!DOCTYPE html>
<html>
  <head>
    <title>ATLAS PACKERS AND MOVERS</title>
    <style>
.left{
  left:0; }
.right{
  right:0;
background-color:#548AE3;
width:60%;
padding:10px; }
.b{
  color:#FFFFFF; }
.c{
  color:#C21807;
font-size:15px;
font-family:"Georgia"; }
#image{
  width:80%;
  height:90%; }
h3{
margin-right:auto;
margin-left:auto;
text-align:center;
width:50%;
font-family:"Georgia";
border-radius:6px; }
table,th,td{
border-spacing:2px;
font-size:15px;
font-family:"Georgia";
border-radius:6px;
padding:3px;
border: 1px solid white; }
td{
color:#FFFFFF;
background-color:#548EA3;
border-spacing:5px; }
#submit{
color:#c21807;
font-weight:bold;
background-color:#ffffff;
font-size:15px;
font-family:"Georgia";
border-radius:6px;
padding:3px; }
```

```
#submit:hover{
background-color:#FF0000;
color:#ffffff; }
h3{
color:#c21807;
font-weight:bold;
background-color:#ffffff;
font-size:15px;
font-family:"Georgia";
border-radius:6px;
padding:3px; }
</style>
</head>
<body>
<div>
<table>
<tr>
<td><div></div></td>
<td>
<div>
<center><h3>ATLAS PACKERS AND MOVERS</h3></center>
<form>
<table>
<tr><td colspan="2">
<a href="#reloc" id="reloc_info" class="b">Relocation-info</a><br/>
<a href="#personal" id="personal_info" class="b">Personal-info</a><br/>
<a href="#quote" id="quote_info" class="b">Get a quote!</a><br/></td>
</tr>
<tr><td colspan="2"><label id="reloc" class="c">Relocation Information</label></td></tr>
<tr>
<td>
<select id="city" required>
<option value="Select your current city">Select your current city</option>
<option value="Chennai">Chennai</option>
<option value="Bangalore">Bangalore</option>
<option value="Hyderabad">Hyderabad</option>
<option value="Mumbai">Mumbai</option>
</select>
</td>
<td><input type="date" id="date" required></td>
</tr>
<tr>
<td><label >Select Category</label></td><td>
<input type="radio" name ="category" id="home" required><label for="home">Home
Relocation</label>
<input type="radio" name ="category" id="factory" required><label
for="factory">Factory/Office Relocation</label>
</td>
```

```

</tr>
<tr>
<td> <textarea id="faddress" placeholder="From address" rows="4" cols="50" required></textarea> </td>
<td><textarea id="taddress" placeholder="To address" rows="4" cols="50" required></textarea></td>
</tr>
<tr>
<td> <label>Distance in km(approx)</label></td>
<td> <input id="distance" type="range" min="0" max="2000" required></td>
</tr>
<tr><td colspan="2">
<label id="personal" class="c">Personal Information</label>
</td>
</tr>
<tr>
<td><label >Customer Name</label></td><td> <input type="text" id="cname" pattern="[A-Za-z\s]*" placeholder="Enter the customer name" required> </td>
</tr>
<tr>
<td><label >Phone Number</label></td><td> <input type="tel" pattern="[7,8,9]{1}[0-9]{9}" id="phno" placeholder="Enter the phone number" required> </td>
</tr>
<tr>
<td><label >Email ID</label></td><td> <input type="email" id="email" placeholder="Enter the email id" required> </td>
</tr>
<tr>
<td colspan="2">
<label id="quote" class="c"> Get a quote:</label>
</td>
</tr>
<tr>
<td><label>Possible charges involved</label></td>
<td>
<input type="checkbox" name="category" id="packing"><label for="packing">Packing Charges</label>
<input type="checkbox" name="category" id="loading"><label for="loading">Loading Charges</label>
<input type="checkbox" name="category" id="transportation"><label for="transportation">Transportation Charges</label>
<input type="checkbox" name="category" id="unloading"><label for="unloading">Unloading Charges</label>
<input type="checkbox" name="category" id="unpacking"><label for="unpacking">Unpacking Charges</label>
<input type="checkbox" name="category" id="escort"><label for="escort">Escort Charges</label>

```

```

<input type="checkbox" name="category" id="octroi"><label for="octroi">Octroi  

Charges</label>  

</td>  

</tr>  

<tr>  

<td colspan="2"><label>**Quote you receive will include service tax of 12.3%</label></td>  

</tr>  

</table>  

<button type="submit" id="submit" value="GET A QUOTE">GET A QUOTE</button>  

</form>  

</div>  

</td></tr>  

</table>  

</div>  

</body>  

</html>

```

2.DREAM THEME PARK CODE:---

```

<!DOCTYPE html>  

<html>  

<head>  

<title>DREAM Theme Park</title>  

  

<style type="text/css">  

body {  

background-color: #FFAACC;  

}  

  

h1 {  

color: #770080;  

font-family: Courier New;  

font-style: italic;  

text-align: center;  

}  

  

form {  

margin: auto;  

width: 300px;  

}  

  

#result {  

color: #770080;  

font-weight: bold;  

}  

</style>  

  

<script>

```

```

function costcalculation() {

var discount = 0;
var amount = 0;
var totalcost = 0;
var name = document.getElementById("customerName").value;
var adult = document.getElementById("adults").value;
var children = document.getElementById("children").value;

amount = (adult * 1500) + (children * 1200);

var type = document.getElementById("bookingType").value;
if (type == "Normal")
discount = 0;
else if (type == "School")
discount = (0.50 * amount);
else if (type == "Corporate")
discount = (0.25 * amount);

totalcost = (amount - discount);
document.getElementById("result").innerHTML = ("Thank you " + name + ". Total
cost to be paid is " + totalcost);
return false;
}
</script>

</head>

<body>

<h1>Book Your Tickets</h1>
<form name="myform" onsubmit="return costcalculation()">
<table>

<tr>
<td>Customer Name</td>
<td><input type="text" name="customerName" id="customerName" required
pattern="[a-zA-Z\s]+" placeholder="Enter your name" /> </td>
</tr>

<tr>
<td>Address</td>
<td><textarea name="address" id="Address" required rows="5"
cols="20"></textarea></td>
</tr>

```

```
<tr>
<td>Email ID</td>
<td><input type="email" name="customerEmail" id="customerEmail" required> </td>
</tr>

<tr>
<td>Mobile Number</td>
<td><input type="tel" name="customerMobileNumber" id="customerMobileNumber" required> </td>
</tr>

<tr>
<td>Park Location</td>
<td><input type="radio" name="location" id="Dlocation" value="Delhi" required>Delhi
<input type="radio" name="location" id="Mlocation" value="Mumbai" required>Mumbai
</td>
</tr>

<tr>
<td>Date of Visit</td>
<td><input type="date" name="dateOfVisit" id="dateOfVisit" required> </td>
</tr>

<tr>
<td>Booking Type</td>
<td><input name="bookingType" id="bookingType" list="bookType" required>
<datalist id="bookType">
<option value="Normal"> </option>
<option value="School"> </option>
<option value="Corporate"> </option>
</datalist>
</td>
</tr>

<tr>
<td>Adult</td>
<td><input type="number" name="adults" id="adults" max="500" min="0" required>
</td>
</tr>

<tr>
<td>Children</td>
<td><input type="number" name="children" id="children" required> </td>
</tr>

<tr>
```

```

<td>
<input type="submit" value="Book Now" name="submit">
</td>

<td><button type="reset" id="clear" name="clear">Reset</button></td>
</tr>

</table>
</form>
<div id="result" align="center"></div>

</body></html>

```

3. OUTLOOK FAN MARKET:----

```

<!DOCTYPE html>
<html>
<head>
<!-- Remove the Comments and fill up the relevant code --&gt;
<!-- Write necessary code wherever needed to complete this code challenge --&gt;
<!-- Do specify all the component-ids (incl. div ids) correctly for your code to get evaluated
successfully --&gt;
&lt;!-- Most importantly, evaluate your solution without 'syntax errors' in javascript --&gt;

&lt;title&gt;Outlook Fan Market&lt;/title&gt;
&lt;script type="text/javascript"&gt;
// Do not use let keyword to initialize a javascript variable. Instead use var.
function billCalculation() {
    var us=document.getElementById("usha").value;
    var ba=document.getElementById("bajaj").value;
    var or=document.getElementById("orient").value;
    var ha=document.getElementById("havells").value;
    var cr=document.getElementById("crompton").value;
    var lu=document.getElementById("luminous").value;
    var ma=document.getElementById("maharaja").value;
    var res=0;
    res=((1999*us)+(1500*ba)+(2100*or)+(1785*ha)+(1960*cr)+(1655*lu)+(2249*ma));
    if (res&gt;5500){
        res = res-(res*0.15);
    }
    document.getElementById("result").innerHTML="Hi, You have to pay Rs."+res+"Thanks for
selecting us!!!";
    return false;
}
function cleardata()
{
</pre>

```

```
document.getElementById("name").innerHTML=" ";
document.getElementById("contactNo").innerHTML=" ";
document.getElementById("email").innerHTML=" ";
document.getElementById("usha").value=" ";
document.getElementById("bajaj").value=" ";
document.getElementById("orient").value=" ";
document.getElementById("havells").value=" ";
document.getElementById("crompton").value=" ";
document.getElementById("luminous").value=" ";
document.getElementById("maharaja").value=" ";
document.getElementById("date").innerHTML=" ";
document.getElementById("address").innerHTML=" ";
}

</script>
<style type="text/css">
::placeholder {
    color: #6A5ACD;
    opacity: 2;
}
input[type="email"], input[type="tel"], input[type="number"],
input[type="text"],input[type="date"], textarea, select {
    width: 85%;
    color: #808B96;
    font-weight: bold;
    border-radius: 6px;
    border-style: solid;
    border-width: 2px;
    border-color: #FFA07A; }
input[type="submit"] {
    background-color: #08088A;
}
label span {
    color: #F0F8FF;
}
body {
    background-color: #2e4053 ;
}
h1 {
    color: #fffff;
    font-family: Verdana;
    border-style: 1px solid ;
    border-radius: 6px;
    width: 50%;
    margin-right: auto;
    margin-left: auto;
    background-color: #1a5276;
    text-align: center;
}
```

```
#result {
    font-weight: bold;
    font-family: bahnschrift;
    font-size: 24px;
    margin-right: auto;
    margin-left: 18em;
    color: #b3b6b7; }

#submit {
    font-weight: bold;
    font-family: bahnschrift;
    color: #ffefd5;
    background: transparent;
    margin-right: auto;
    width: 13em;
    height: 35px;
    margin-left: 35em;
}

#reset {
    font-weight: bold;
    font-family: bahnschrift;
    color: #ffefd5;
    background: transparent;
    margin-right: auto;
    width: 13em;
    height: 35px;
    margin-left: 18em;
}

table {
    width: 50%;
    margin-right: auto;
    margin-left: auto;
    border-style: 3px groove;
    border-spacing: 5px;
    border-radius: 6px;
}

#billing td {
    border-width: 1px;
    border-style: solid;
    border-color: #F4A460;
    padding: 5px;
}

.b {
    width: 50%;
    margin-right: 14em;
    margin-left: auto;
}

#brandName td {
    margin-left: auto;
```

```

margin-right: auto;
width: 50%;
border-width: 1px;
border-style: solid;
border-spacing: 5px;
border-radius: 6px;
}
#submit:hover, #reset:hover {
background-color: #2E8B57;
color: #FFFFFF;
}
</style>
</head>
<body>
<h1>Outlook Fan Market</h1>
<form onsubmit="return billCalculation()" >

<table id="billing">
<tr>
    <th id="details" colspan="2"></th>
</tr>
<tr>
    <td>
        <!-- Fill the label for Name -->
        <label><span><b>Name*</b></span></label>
    </td>
    <td>
        <input type="text" id="name" placeholder="Enter the name">
    </td>
</tr>
<tr>
    <td>
        <!-- Fill the label for Contact No -->
        <label><span><b>Contact No*</b></span></label>
    </td>
    <td>
        <input type="tel" id="contactNo" placeholder="Enter the contact no">
    </td>
</tr>

<tr>
    <td>
        <!-- Fill the label for E-mail address -->
        <label><span><b>E-mail address</b></span></label>
    </td>
    <td>
        <input type="email" id="email" placeholder="Example:abc@gmail.com">
    </td>

```

```
</tr>
<tr>
    <td>
        <!-- Fill the label for Brand Name -->
        <label><span><b>Brand Name</b></span></label>
    </td>
<td>
    <table id="brandName">
        <tr>
            <td>
                <!-- Fill the label for Usha -->
                <label><span><b>Usha</b></span></label>
            </td>
            <td>
                <input type="number" id="usha" name="usha" min="0" >
            </td>
        </tr>
        <tr>
            <td>
                <!-- Fill the label for Bajaj -->
                <label><span><b>Bajaj</b></span></label>
            </td>
            <td>
                <input type="number" id="bajaj" min="0" >
            </td>
        </tr>
        <tr>
            <td>
                <!-- Fill the label for Orient -->
                <label><span><b>Orient</b></span></label>
            </td>
            <td>
                <input type="number" id="orient" min="0">
            </td>
        </tr>
        <tr>
            <td>
                <!-- Fill the label for Havells -->
                <label><span><b>Havells</b></span></label>
            </td>
            <td>
                <input type="number" id="havells" min="0">
            </td>
        </tr>
    </table>
</td>

```

```

        </td>
    </tr>

    <tr>
        <td>
            <!-- Fill the label for Crompton -->
            <label><span><b>Crompton</b></span></label>
        </td>
        <td>
            <input type="number" id="crompton" min="0">
        </td>
    </tr>

    <tr>
        <td>
            <!-- Fill the label for Luminous -->
            <label><span><b>Luminous</b></span></label>
        </td>
        <td>
            <input type="number" id="luminous" min="0" >
        </td>
    </tr>

    <tr>
        <td>
            <!-- Fill the label for Maharaja -->
            <label><span><b>Maharaja</b></span></label>
        </td>
        <td>
            <input type="number" id="maharaja" min="0">
        </td>
    </tr>

    </table>
</td>
</tr>

<tr>
    <td>
        <!-- Fill the label for Date of Booking -->
        <label><span><b>Date of Booking*</b></span></label>
    </td>
    <td>
        <input type="date" id="date" placeholder="mm/dd/yyyy">
    </td>

```

```

        </td>
    </tr>

    <tr>
        <td>
            <!-- Fill the label for Address -->
            <label><span><b>Address</b></span></label>
        </td>
        <td>
            <input type="textarea" id="address" placeholder="Enter the address">
        </td>
    </tr>
    <tr>
        <td>
            <input type="submit" id="submit" value="Submit">
        </td>
        <td>
            <input type="reset" id="reset" onclick="cleardata()" value="Clear">
        </td>
    </tr>
</table>
<p class="b"><div id="result"> </div></p>
</form>
</body>
</html>

```

4.DISCOUNT PRICE:-----

Line wrap

```

<!-- This is a partial code. Implement the neccessary codes -->
<!DOCTYPE html>
<html>

    <head>
        <style>
            h1 {
                font-style: italic;
                font-weight: bold;
                text-align: center;
                color: #b03060;
            }
            table {
                float: left;
            }
        </style>
    </head>
    <body>
        <h1>Welcome to our website</h1>
        <table border="1">
            <tr>
                <td>Product Name</td>
                <td>Price</td>
            </tr>
            <tr>
                <td>Laptop</td>
                <td>$1200</td>
            </tr>
            <tr>
                <td>Monitor</td>
                <td>$300</td>
            </tr>
            <tr>
                <td>Keyboard</td>
                <td>$100</td>
            </tr>
            <tr>
                <td>Mouse</td>
                <td>$50</td>
            </tr>
        </table>
        <h2>Our Products</h2>
        <ul>
            <li>Product 1</li>
            <li>Product 2</li>
            <li>Product 3</li>
            <li>Product 4</li>
            <li>Product 5</li>
        </ul>
    </body>
</html>

```

```
margin-left: 35%;  
border-style: solid 5px;  
border-spacing: 10px;  
border-collapse: collapse;  
border-width: 30%;
```

```
}
```

```
tr,  
td {  
border-style: solid 5px;  
border-width: 30%;  
border-collapse: collapse;  
padding: 10px;  
border: 5px solid black;
```

```
}
```

```
#submit {  
margin-left: 45%;
```

```
}
```

```
div {  
text-align: center;  
font-weight: bold;
```

```
}
```

```
#result {  
font-style: italic;  
color: #FF0000;  
font-size: 40px;  
text-align: center;  
font-weight: bold;
```

```
}
```

```
#discount {  
font-size: 25px;  
text-align: center;  
font-weight: bold;
```

```
}
```

```
</style>
```

```
</head>
```

```
<body style="background-color:#99FFFF;">
<h1>DISCOUNT PRICE</h1>
<form>
<table>
<tr>
<td>Product Name</td>
<td><input type="text" name="name" pattern="[a-zA-Z\s]+" required=""></td>
</tr>
<tr>
<td>Product Price</td>
<td><input type="number" id="price" name="price" min="15001" required></td>
</tr>
<tr>
<td>Season</td>
<td><select name="season" id="season">
<option value="summer">SUMMER SALE</option>
<option value="newyear">NEW YEAR SALE</option>
<option value="clearance">CLEARANCE SALE</option>
</select></td>
</tr>
</table><br>
<input type="button" name="submit" value="GET DISCOUNT PRICE" id="submit"
onclick="discountamount()">
</form>
<div id="discount"></div>
<div id="result"></div>
<script>
function discountamount() {

var p = document.getElementById("price").value;

var newamout;

var d;

var s = document.getElementById("season").value;

if (s == 'summer') {
d = 10;
newamout = p - (p * (0.1));

} else if (s == 'newyear') {
d = 5;
newamout = p - (p * (0.05));

} else {
d = 15;


```

```

newamount = p - (p * (0.15));

}

document.getElementById("discount").innerHTML = "The discount is " + d + "%";
document.getElementById("result").innerHTML = "The discount price : Rs " +
newamount;

}

</script>
</body>

</html>

```

5.HEALTH CARE CENTRE:-----

```

<!DOCTYPE html>
<html>
<head>
<style type="text/css">

::placeholder {
    color: #40E0D0;
    opacity: 2;
}

input[type="email"], input[type="tel"], input[type="number"], input[type="text"],
input[type="date"], textarea, select, #services #address {
width: 85%;
color: #40E0D0;
font-weight: bold;
background: transparent;
border-radius: 6px;
border-style: solid;
border-width: 2px;
border-color: #FFA07A;
}

input[type="button"] {
background-color: #08088A;
}

input[type="checkbox"]#terms:checked+a {
color: #FFFF00;
}

```

```
body {  
    /* Fill the attribute and value */  
    background-color: #191970;  
  
}  
  
h3 {  
    /* Fill the attributes and values */  
    color: #FFFFFF;  
    background-color: #696969;  
    margin-left: auto;  
    margin-right: auto;  
    text-align: center;  
    width: 40%;  
    font-family: Verdana;  
    border-radius: 6px;  
    border-style: 1px solid;  
}  
  
label span{  
    color: #F0F8FF;  
}  
table {  
    /* Fill the attributes and values */  
    width: 30%;  
    border-style: 3px groove;  
    margin-left: auto;  
    margin-right: auto;  
    border-radius: 6px;  
    border-spacing: 5px;  
}  
  
#appointment td {  
    /* Fill the attributes and values */  
    border-width: 1px;  
    border-color: #f4a460;  
    border-style: solid;  
    font: 15px;  
    padding: 8px;  
}  
  
#terms_ref {  
    color: #9ACD32;  
}  
  
#submit {  
    /* Fill the attributes and values */  
    color: #ffefd5;
```

```

        font-weight: bold;
        background: transparent;
        border-radius: 6px;
    }

#submit:hover {
    background-color: #8B4513;
    color: #FFFFFF;
}

#services{
    border-radius: 25px;
}

#serviceList{
    border-radius: 25px;
}

p.b {
    width: 50%;
    margin-left: auto;
    margin-right: 14em;
    color: #90EE90;
    box-sizing: border box;

}

</style>

</head>

<body>

<h3>Health Care Center</h3>
<table id="appointment" border="5" width="100%" height="150">
    <tr>
        <th id="details" colspan="2"></th>
    </tr>
    <tr>
        <td>
            <label><span><b>Name*</b></span>:</label>
        </td>
        <td>
            <input type="text" id="name" placeholder="Enter your name"
name="Name">
        </td>
    </tr>

```

```

<tr>
    <td>
        <label><span><b>Gender*</b></span>:</label>
    </td>
    <td>
        <!-- Fill the code for Gender -->
        <input type="radio" id="male" name="gender" value="male"
><label><span><b> Male </b></span></label>
        <input type="radio" id="female" name="gender"
value="female" ><label><span><b> Female</b></span></label>
        <input type="radio" id="others" name="gender" value="others"
> <label><span><b> Others</b></span></label>
    </td>
</tr>

<tr>
    <td>
        <label><span><b>E-mail address</b></span>:</label>
    </td>
    <td>
        <!-- Fill the code for E-mail address -->
        <input type = "text" id="email"
placeholder="example:abc@gmail.com" name="email">
    </td>
</tr>
<tr>
    <td>
        <label><span><b>Mobile No*</b></span>:</label>
    </td>
    <td>
        <input type = "number" id="mobileNo" placeholder="Enter your
mobileNo" name="phone">
    </td>
</tr>

<tr>
    <td>
        <label><span><b>Services*</b></span>:</label>
    </td>
    <td>
        <input type="text" name="service" id="services">
        <datalist id ="serviceList">
            <option value="Dentistry">
            <option value="Midwifery">
            <option value="Nursing">
            <option value="Medicine">
            <option value="Optometry">

```

```

        <option value="Psychology">
        <option value="Physical">
        <option value="Others">
    </datalist>
</td>
</tr>

<tr>
<td>
    <label><span><b>Date*</b></span>:</label>
</td>
<td>
    <input type="number" id="date" placeholder="mm/dd/yyyy"
name="name">
</td>
</tr>

<tr>
<td>
    <label><span><b>Time*</b></span>:</label>
</td>
<td>
    <!-- Fill the code for Time -->
    <select name="time" id="time" placeholder="Select one->
    <option value="-Select one-"> - Select one</option>
    <option value="10.00AM">10.00AM</option>
    <option value="10.30AM">10.30AM</option>
    <option value="11.00AM">11.00AM</option>
    <option value="11.30AM">11.30AM</option>
    <option value="12.00PM">12.00PM</option>
    <option value="12.30PM">12.30PM</option>
    <option value="1.00PM">1.00PM</option>
    <option value="1.30PM">1.30PM</option>
    <option value="2.00PM">2.00PM</option>
</select>

</td>
</tr>

<tr>
<td>
    <label><span><b>Address</b></span>:</label>
</td>
<td>
    <!-- Fill the code for Address -->
    <textarea id="address" rows="5" cols="25" placeholder="Enter
your address"></textarea>
</td>

```

```

        </tr>

        </table>
        <p class="b"> <label for="checkbox1" class="checkboxes"> <input type="checkbox"
id="terms_ref" name="checked" value="yes" class="checkboxes"><a href="#submit"> I
agree to terms of service and privacy policy. </a></label></p>
        <p class="b"><input type="button" id="submit" value="submit"></p>
</body>
</html>

```

6.DAC BANK AVAIL LOAN:----

```

<!DOCTYPE html>
<html lang="en">

<head>
    <meta charset="UTF-8">
    <meta http-equiv="X-UA-Compatible" content="IE=edge">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>DAC BANK - AVAIL LOAN</title>
    <style>
        body {
            background-color: #FFAACC;
        }

        h1 {
            color: #770080;
            font-family: cursive;
            text-align: center;
        }

        #result {
            font-weight: bold;
            color: #770080;
        }
    </style>
    <script>
        function displayMessage() {
            var customerName = document.getElementById("customerName").value;
            var loanAmount = document.getElementById("loanAmount").value;
            document.getElementById("result").innerHTML = "Thank You " + customerName + ".
Your Loan Amount is " + loanAmount;
        }
    </script>
</head>

<body>
    <h1>DAC BANK - AVAIL LOAN</h1>
    <center>

```

```

<table>
  <tr>
    <td>
      Customer Name
    </td>
    <td>
      <input type="text" id="customerName" name="customerName" required>
    </td>
  </tr>
  <tr>
    <td>Address</td>
    <td><textarea name="customerAddress" id="customerAddress" rows="5"
cols="20"></textarea></td>
  </tr>
  <tr>
    <td>Gender</td>
    <td><input type="radio" name="gender" value="male">Male
      <input type="radio" name="gender" value="female">Female
    </td>
  </tr>
  <tr>
    <td>Email ID</td>
    <td><input type="email" id="customerEmail" name="customerEmail"></td>
  </tr>
  <tr>
    <td>Mobile Number</td>
    <td><input type="text" id="customerMobileNumber"
name="customerMobileNumber" pattern="[7-9]{1}[0-9]{9}"
maxlength="10"></td>
  </tr>
  <tr>
    <td>Date of Birth</td>
    <td><input type="date" id="dob" name="dob"></td>
  </tr>
  <tr>
    <td>Loan Type</td>
    <td><input autocomplete="on" list="loan" id="loanType" name="loanType">
      <datalist id="loan">
        <option value="Vehicle">Vehicle</option>
        <option value="Home">Home</option>
        <option value="Education">Education</option>
      </datalist>
    </td>
  </tr>
  <tr>
    <td>Loan Amount</td>
    <td><input type="text" name="loanAmount" id="loanAmount" placeholder="Enter
the Amount" required>
  
```

```

        </td>
    </tr>
    <tr>
        <td>Tenure</td>
        <td><input type="number" id="loanTenure" name="loanTenure" min="1" max="5"></td>
    </tr>
    <tr>
        <td><input type="button" name="submit" value="Avail Loan" onclick="displayMessage();"></td>
        <td><input type="reset" name="reset" value="reset"></td>
    </tr>
</table>
<div id="result"></div>
</center>

</body>

</html>

```

-----SAME PROGRAM WRITTEN BELOW-----

```

<html>
<head>
<style>
body {
background-color: #FFAACC;
}

h1 {
color: #770080;
font-family: cursive;
text-align: center;
}

#result {
font-weight: bold;
color: #770080;
}
</style>

<script>
function display() {
var name = document.getElementsByName("customerName")[0].value;
var amount = document.getElementsByName("loanAmount")[0].value;

document.getElementById("result").innerHTML = "Thank you " + name + ". Your
Loan Amount is " + amount;
}
</script>

```

```
</head>

<body>
<h1>DAC BANK - AVAIL LOAN</h1>
<form>
<center>
<table>
<tr>
<td>Customer Name</td>
<td>
<input type="text" name="customerName" id="nam" pattern="[A-Z a-z]+" required>
</td>
</tr>
<tr>
<td>Address</td>
<td>
<textarea rows="5" cols="20" name="customerAddress" id="addr"></textarea>
</td>
</tr>
<tr>
<td>Gender</td>
<td>
<input type="radio" name="gender" value="male">Male
<input type="radio" name="gender" value="female">Female
</td>
</tr>
<tr>
<td>Email ID</td>
<td>
<input type="email" name="customerEmail" id="email">
</td>
</tr>
<tr>
<td>Mobile Number</td>
<td>
<input type="text" name="customerMobileNumber" id="mob"
pattern="[7-9]{1}[0-9]{9}" maxlength="10">
</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>
<input type="date" name="dob" id="dob">
</td>
</tr>
<tr>
<td>Loan Type</td>
<td>
```

```

<input list="loan" name="loanType" autocomplete="on">
<datalist id="loan">
<option value="Vehicle">Vehicle</option>
<option value="Home">Home</option>
<option value="Education">Education</option>
</datalist>
</td>
</tr>
<tr>
<td>Loan Amount</td>
<td>
<input type="text" name="loanAmount" id="loanAmount" placeholder="Enter the
Amount" required>
</td>
</tr>
<tr>
<td>Tenure</td>
<td>
<input type="number" name="loanTenure" id="loan" min="1" max="5">
</td>
</tr>
<tr>
<td>
<input type="button" name="submit" value="Avail Loan" onclick="display()">
</td>
<td>
<input type="reset" name="reset" value="reset">
</td>
</tr>
</table>
</center>
</form>
<div id="result"></div>
</body></html>

```

7. PALINDROME CHECK:-----

```

<html>
<head>
<script type="text/javascript">
function CheckPalindrome()
{
    var str=document.getElementById("Palin").value;
    str=str.toLowerCase();
    str=str.replace(/\s/g,"");
    var rev=str.split("").reverse().join("");
    if(str==rev)
        alert("The entry is a palindrome.");
}

```

```

        else
            alert("The entry is not a palindrome.");
    }
</script>
</head>
<body>
<form>
    <table>
        <tr>
            <td>Enter word/sentence to check for palindrome:</td>
            <td><input type="text" id="Palin" name="Palin"></td>
        </tr>
        <tr>
            <td>
                <input type="button" name="palinbtn" value="CheckPalindrome"
onclick="CheckPalindrome()">
            </td>
        </tr>
    </table>
</form>
</body>
</html>

```

8.PIGGY BANK:----

Line wrap

```

<!DOCTYPE html>
<html>

    <head>
        <title>PIGGY BANK SAVINGS CALCULATOR</title>

        <style type="text/css">
            body {
                background-color: #F0E68C;
            }

            h1 {
                color: #800080;
                font-family: cursive;
                text-align: center;
            }

        </style>

```

```
<script type="text/javascript">
function calculateTotalSavings() {

    var customerType;
    var savingType = document.getElementById("savingType").value;
    var amount = parseInt(document.getElementById("amount").value);
    var tenure = document.getElementById("tenure").value;

    var interest = 0;
    var totalSavings = 0;

    //taking value from radio button
    if (document.getElementById("NC").checked) {
        customerType = "Normal Citizen";
    } else if (document.getElementById("SC").checked) {
        customerType = "Senior Citizen";
    }

    if (savingType == "FD") {
        if (tenure <= 2) {
            interest = 7;
        } else if (tenure <= 4) {
            interest = 7.5;
        } else if (tenure <= 5) {
            interest = 8;
        }
    }

    if (savingType == "RD") {
        if (tenure <= 2) {
            interest = 6.5;
        } else if (tenure <= 4) {
            interest = 6;
        } else if (tenure <= 5) {
            interest = 5.5;
        }
    }

    if (customerType == "Senior Citizen") {
        interest = interest + 0.5;
    }
    alert(customerType + " " + savingType + " " + amount + " " + tenure + " " + interest);

    totalSavings = (amount + (amount * tenure * interest) / 100);
    alert(totalSavings);
    document.getElementById("result").innerHTML = "Total Saving done " + totalSavings;
}
```

```

    return false;
}

</script>

</head>

<body>
<form name="myform" onsubmit="return calculateTotalSavings()">
<h1>PIGGY BANK SAVINGS CALCULATOR</h1>
<table>

<tr>
<td>Customer Name</td>
<td><input type="text" name="customerName" id="customerName" required></td>
</tr>

<tr>
<td>Customer Type</td>
<td><input type="radio" name="customerType" id="NC" value="Normal Citizen" required>Normal Citizen</td>
    <td><input type="radio" name="customerType" id="SC" value="Senior Citizen" required>Senior Citizen</td>
</tr>

<tr>
<td>Address & ID Proof</td>
<td><input type="checkbox" id="addressProof1" name="addressProof" value="Adhar Card">Adhar Card</td>
    <td><input type="checkbox" id="addressProof2" name="addressProof" value="Pan Card">Pan Card</td>
        <td><input type="checkbox" id="addressProof3" name="addressProof" value="Driving License">Driving License</td>
            <td><input type="checkbox" id="addressProof4" name="addressProof" value="Passport">Passport</td>
                <td><input type="checkbox" id="addressProof5" name="addressProof" value="Voter Id">Voter Id</td>
</tr>

<tr>
<td>Mobile Number</td>
<td><input type="number" name="customerMobileNumber" id="customerMobileNumber" pattern="[789]{1}[0-9]{9}" required></td>
</tr>

<tr>
<td>Type of Savings</td>

```

```

<td><input list="savings" name="savingType" id="savingType" autocomplete="on" required>
    <datalist id="savings">
        <option value="FD">
        <option value="RD">
    </datalist>
</td>
</tr>

<tr>
<td>Amount</td>
<td><input type="number" name="amount" id="amount" min="500" required></td>
</tr>

<!-- range and we have to display range value using a label with a id and using method oninput="document.getElementById('tenurerange').innerHTML = this.value" -->

<tr>
<td>Tenure</td>
<td>
    <input type="range" name="tenure" id="tenure" min="1" max="5" value="1" required oninput="document.getElementById('tenurerange').innerHTML = this.value" />
    <label id="tenurerange"></label>
</td>
</tr>

<tr>
<td><input type="submit" id="submit" name="submit" value="Calculate Savings"></td>
<td><input type="reset" id="reset" name="reset" value="Reset"></td>
</tr>
</table>
</form>
<div id="result"></div>
</body>

</html>

```

9.FOOTBALL LEAGUE PERFORMANCE:-----

```

<!DOCTYPE html>
<html>
<!--Code is implemented without using table tag-->

<head>
<title>Football League Performance</title>
<style type="text/css">
body {

```

```
background-color: #FFFFFF;
}

h1 {
color: #FF0000;
font-style: italic;
font-family: Bookman Old Style;
}

#result {
font-style: bold;
color: #0000FF;
}

#playerName {
margin-left: 65px;
}

#teamName {
margin-left: 70px;
}

#clubAddress,
#coachName {
margin-left: 60px;
}

#email {
margin-left: 85px;
}

#mobileNumber {
margin-left: 40px;
}

#leagueName,
#coachRating {
margin-left: 55px;
}

</style>
</head>

<body>
<header>
<center>
<h1>Football League Performance Rating Form</h1>
</center>
```

```

        </header>

        <form onsubmit="return calculatePerformanceRating()">
            <label for="playerNameTxt">Player Name</label>
            <input type="text" id="playerName" name="playerName" required />
            <br />
            <label for="teamNameTxt">Team Name</label>
            <input type="text" id="teamName" name="teamName" required />
            <br />
            <label for="address">Club Address</label>
            <textarea id="clubAddress" name="clubAddress" rows="5"
columns="25"></textarea>
            <br />
            <label
for="genderRadio">Gender</label>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;
            Male: <input type="radio" id="male" name="Gender" value="Male"
required>&nbsp;&nbsp;&nbsp;
            Female: <input type="radio" id="female" name="Gender" value="Female">
            <br />
            <label for="emailTxt">Email ID</label>
            <input type="text" id="email" name="email"
pattern="[a-z0-9._%+-]+@[a-z0-9.-]+\.[a-z]{2,}" required />
            <br />
            <label for="mobiletxt">Mobile Number</label>
            <input type="text" id="mobileNumber" name="mobiletxt" required
pattern="[987]{1}[0-9]{9}" />
            <br />
            <label for="coachNameTxt">Coach Name</label>
            <input type="text" id="coachName" name="coachName" required />
            <br />
            <label for="leagueNameTxt">League Name</label>
            <input type="text" id="leagueName" name="leagueName" required />
            <br />
            <label for="leagueCompletionDate">League Completion Date</label>
            <input type="text" id="leagueCompletionDate" name="leagueCompletionDate"
pattern="(0?[1-9]|1[012])/(0?[1-9]|1[2][0-9]|3[01])\d{4}" required />
            <br />
            <label for="coach Rating">Coach Rating</label>
            <select id="coachRating" name="coachRating">
                <option value="Excellent">Excellent</option>
                <option value="Good">Good</option>
                <option value="Average">Average</option>
                <option value="Need improvement">Need improvement</option>
                <option value="Poor">Poor</option>
            </select>
            <br /><br />
            <br /><br />
            <input type="submit" value="Rate Performance" />

```

```
<input type="reset" value="Clear">

</form>
<div name="result" id="result"></div>

<script type="text/javascript">
function calculatePerformanceRating() {

    var name = document.getElementById("playerName").value;
    var actualName;
    var rating;
    if (document.getElementById('male').checked) {
        actualName = "Mr." + name;
    } else {
        actualName = "Mrs." + name;
    }
    var coachrate = document.getElementById("coachRating").value;
    switch (coachrate) {
        case "Excellent":
            rating = 5;
            break;
        case "Good":
            rating = 4;
            break;
        case "Average":
            rating = 3;
            break;
        case "Need improvement":
            rating = 2;
            break;
        case "Poor":
            rating = 1;
            break;
    }
    document.getElementById("result").innerHTML = "Performance Rating of " +
actualName + " is " + rating + "-" + coachrate;
    return false;
}

</script>

</body>

</html>
```

10.BROADBAND AND PAYMENT PORTAL:-----

```
<!DOCTYPE html>
<html>
<head>
<style >
body{
    color: #ff9999;
}
h1{
    color:#660066;
    font-family: Verdana;
    text-align: center;
}
</style>
<script >

    function costCalculation()
    {

        var dur=document.getElementById("payment").value;

        var contype=document.getElementById("bandType").value;
        // alert(contype);
        var plan=document.getElementsByName("plan");

        var ptype,ans;

        for(var i=0;i<plan.length;i++)
        {
            if(plan[i].checked)
            {
                ptype=plan[i].value;
                break;
            }
        }

        if(ptype=="Sprint 200 GB" && contype=="Normal")
        {
            ans= (349/3)*dur+150;
        }
        else if(ptype=="Bolt 200 GB" && contype=="Normal")
        {
            ans=(499/3)*dur+150;
        }
        else if(ptype=="Rush 500 GB" && contype=="Normal")
```

```

{
    ans=(949/3)*dur+150;
}
else if(ptype=="Speed 500 GB" && contype=="Normal")
{
    ans=(1299/3)*dur+150;
}

//
else if(ptype=="Sprint 200 GB" && contype=="ADSL")
{
    ans= (349/3)*dur+200;
}
else if(ptype=="Bolt 200 GB" && contype=="ADSL")
{
    ans=(499/3)*dur+200;
}
else if(ptype=="Rush 500 GB" && contype=="ADSL")
{
    ans=(949/3)*dur+200;
}
else if(ptype=="Speed 500 GB" && contype=="ADSL")
{
    ans=(1299/3)*dur+200;
}
//
else if(ptype=="Sprint 200 GB" && contype=="DSL")
{
    ans= (349/3)*dur+300;
}
else if(ptype=="Bolt 200 GB" && contype=="DSL")
{
    ans=(499/3)*dur+300;
}
else if(ptype=="Rush 500 GB" && contype=="DSL")
{
    ans=(949/3)*dur+300;
}
else if(ptype=="Speed 500 GB" && contype=="DSL")
{
    ans=(1299/3)*dur+300;
}
//alert(ans);
ans=parseInt(ans);
document.getElementById("result").innerHTML="The bill amount is Rs
"+ans.toFixed(2);
return false;
}

```

```

        </script>
</head>
<body>
    <h1> Broadband Payment Portal</h1>
    <form id="form1" onsubmit="return costCalculation()" >
        <table >
            <tr>
                <td>Customer Name</td>
                <td><input type="text" name="customerName" id="customerName" pattern="[a-zA-Z ]+" required ></td>
            </tr>
            <tr>
                <td>Subscription Number</td>
                <td><input type="number" name="Subscription" id="Subscription" min="0" required ></td>
            </tr>
            <tr>
                <td>Email ID</td>
                <td><input type="email" name="Email" id="Email" required=""></td>
            </tr>
            <tr>
                <td>Type of Broadband</td>
                <td><select name="bandType" id="bandType" required>
                    <option value="Normal">Normal</option>
                    <option value="ADSL">ADSL</option>
                    <option value="DSL">DSL</option>
                </select>
                </td>
            </tr>
            <tr>
                <td>Plan Name</td>
                <td><input type="radio" name="plan" id="plan1" value="Sprint 200 GB">Sprint 200 GB</td>
                <td><input type="radio" name="plan" id="plan2" value="Bolt 200 GB" >Bolt 200 GB</td>
                <td><input type="radio" name="plan" id="plan3" value="Rush 500 GB">Rush 500 GB</td>
                <td><input type="radio" name="plan" id="plan4" value="Speed 500 GB">Speed 500 GB</td>
            </tr>
            <tr>
                <td>Payment for</td>
                <td><input type="number" name="payment" id="payment" min="3" max="12" required ></td>
            </tr>
            <tr>

```

```

        <td><input type="submit" id="submit" name="submit" value="Calculate Bill
Amount" ></td>
        <td><input type="reset" name="clear" id="clear" value="Reset" ></td>
</tr>

</table>
<div id="result">

</div>
<table float=right >
    <caption>Package Chart Table</caption>
    <thead>
        <tr>
            <td>Connection Type</td>
            <td>Monthly Rental</td>

        </tr>
        <tr>
            <td>Normal</td>
            <td>150</td>

        </tr>
        <tr>
            <td>ADSL</td>
            <td>200</td>

        </tr>
        <tr>
            <td>DSL</td>
            <td>300</td>

        </tr>
    </thead>
    </table>
</form>

</body>
</html>

```

11.E-BOOK GRAND SALE:-----
Line wrap

<!-- This is a partial code. Implement the necessary codes -->

```
<html>
<head>
<style>
body {
background-color: #e6e6fa;
}

#discounttable {
border-style: solid;
float: right;
}

h1 {
color: #800080;
font-family: cursive;
text-align: center;
}

h2 {
text-align: center;
}
</style>
<script>
function displayfun() {
var n = document.getElementById("bookval").value;
var bookType = document.getElementsByName("bookCategory");
var d;
var sub;
var amount;
var perbookprice;
for (var i = 0; i < bookType.length; i++) {
if (bookType[i].checked) {
sub = bookType[i].value;
}
}
if (sub == "Science") {
perbookprice = 400;
if (n <= 250) {
amount = perbookprice * 0.95 * n;
} else if (n > 250) {
amount = perbookprice * 0.93 * n;
}
} else if (sub == "Comics") {
perbookprice = 300;
if (n <= 250) {
amount = perbookprice * 0.97 * n;
} else if (n > 250) {
amount = perbookprice * 0.96 * n;
}
}
}
</script>
```

```

        }
    }

document.getElementById("result").innerHTML = "Total Price is:" + amount;
return false;
}
</script>

<body>
<h1>E-BOOK GRAND SALE</h1>
<form onsubmit="return displayfun()">
<table>
<tr>
<td>Customer Name</td>
<td><input type="text" name="customerName" placeholder="Enter the Customer Name" required pattern="[a-zA-Z\s]+"/></td>
</tr>
<!--<tr>
<td>Email ID</td>
<td><input type="email" name="mail" /></td>
</tr>-->
<tr>
<td>Mobile Number</td>
<td><input type="tel" name="customerMobileNumber" placeholder="Enter the Mobile Number" pattern="[8-9]{1}[0-9]{9}" required></td>
</tr>
<tr>
<td>
Book Category
</td>
<td>
<input type="radio" name="bookCategory" value="Science" id="sci" required>Science
<input type="radio" name="bookCategory" value="Comics" id="com">Comics
</td>
</tr>
<tr>
<td>Type</td>
<td>
<input type="text" name="bookType" required list="bookTypes" autocomplete="on">
<datalist id="bookTypes" name="bookTypes">
<option value="Weekly">Weekly</option>
<option value="Monthly">Monthly</option>
<option value="Fortnightly">Fortnightly</option>
</datalist>
</td>
</tr>
<tr>

```

```

<td>No of Books Required</td>
<td><input type="range" name="bookCount" required id="bookval" min="1"
max="500" value=1 oninput="markOutputId.value=bookval.value">
<output name="markOutputName" id="markOutputId"></output>
</td>
</tr>
<tr>
<td><input type="submit" name="submit" value="Calculate Total Price"
onclick="displayfun()"></td>
<td><input type="reset" name="reset" value="Reset"></td>
</tr>
<tr>
<td>
<div id="result"></div>
</td>
</tr>
</table>
</form>
<div id="result"></div>
<table border="1" id="discounttable">
<caption>Discount Rate Chart</caption>
<tr>
<th>Book Type</th>
<th>
per Book Cost
</th>
<th>
Discount Rate(in percentage)
</th>
</tr>
<tr>
<td>Science</td>
<td>400</td>
<td>5% if total book count &lt;= 250</td>
</tr>
<tr>
<td>Science</td>
<td>400</td>
<td>7% if total book count > 250</td>
</tr>
<tr>
<td>Comics</td>
<td>300</td>
<td>3% if total book count &lt;= 250</td>
</tr>
<tr>
<td>Comics</td>
<td>300</td>

```

```

<td>4% if total book count > 250</td>
</tr>
</table>
</body></html>

```

12.BOOK FORM:-----

```

<!DOCTYPE html>
<html>
<head>
<meta charset="UTF-8">
<title>BookForm</title>
</head>

<body>
<form autocomplete="on">
<fieldset>
<legend>Customer Info </legend>
<label for="Name">Name:</label>
<input type="text" id="cusname" name="cusname" autofocus="on"
placeholder="Enter your name" required="required">
<br><br><label for="Telephone">Telephone:</label>
<input type="tel" id="telephone" name="telephone" placeholder="Pattern:
234-567-8910" pattern="[0-9]{3}-[0-9]{3}-[0-9]{4}" required="required">
<br><br><label for="Email address">Email address:</label>
<input type="email" name="mail" placeholder="Enter your email address"
required="required">
</fieldset>
</form>
<form>
<fieldset>
<legend>Books</legend>
<input type="text" name="book" list="books" autocomplete="on" required="required">
<datalist id="books" name="books">
<option>HTML5 - Bruce Lawson and Remy Sharp</option>
<option>HTML5 - Up and Running - Mark Pilgrim</option>
<option>Head First HTML5 Programming - Eric Freeman</option>
<option>Mastering HTML, CSS and JavaScript - Laura Lemay</option>
</datalist>
<label for="Quantity">Quantity(Maximum 5):</label>
<input type="number" name="quantity" min="1" max="5">
</fieldset>
</form>
<input type="submit" name="submit" onclick="test()">
<script>
function test() {

```

```
        alert("You have successfully submitted the Book Form");
        return false;
    }
</script>
</body></html>
```

13.BOOK A SHOW-TICKET BOOKING-----

```
<!Doctype html>
<html>
<head>
<title>Ticket Booking</title>
<style>
table {
    font-family: monospace;
    font-weight: bold;
}

h1 {
    color: #0000FF;
    font-family: monospace;
    text-align: center;
}

body {
    background-color: #00CED1;
    color: #0C1584;
}
</style>
<script>
function display() {
    alert("Booking Successful");
}
</script>
</head>

<body>
<h1>BOOK A SHOW - TICKET BOOKING</h1>
<center>
<form onsubmit="display()" target="_blank">
<table>
<tr>
<td>
<label>Name</label>
```

```
</td>
<td>
<input type="text" name="name" placeholder="Enter the Name" pattern="[A-Z a-z]+"
required>
</td>
</tr>
<tr>
<td>
<label>Movie Name</label>
</td>
<td>
<input list="movies" name="moviename" placeholder="Movie Name"
autocomplete="on" required>
<datalist id="movies" name="moviename">
<option value="Irada">Irada</option>
<option value="Rangoon">Rangoon</option>
<option value="Logan">Logan</option>
<option value="Fist Fight">Fist Fight</option>
</datalist>
</td>
</tr>
<tr>
<td>
<label>Circle</label>
</td>
<td>
<input list="circles" name="circle" autocomplete="on" required>
<datalist id="circles">
<option value="Silver">Silver</option>
<option value="Gold">Gold</option>
<option value="Platinum">Platinum</option>
</datalist>
</td>
</tr>
<tr>
<td>
<label>Phone no</label>
</td>
<td>
<input type="number" name="phone" placeholder="Enter Mobile Number"
pattern="[0-9]{10}" required>
</td>
</tr>
<tr>
<td>
<label>Show date and time</label>
</td>
<td>
```

```

<input type="datetime-local" name="showdate" required>
</td>
</tr>
<tr>
<td>
<label>No of Adults</label>
</td>
<td>
<input type="number" name="tickets" min="1" max="10" required>
</td>
</tr>
<tr>
<td>
<label>No of Childrens</label>
</td>
<td>
<input type="number" name="children" min="1" max="5" required>
</td>
</tr>
<tr>
<td>
<input type="submit" name="submit" value="Book My Show">
</td>
<td>
<input type="reset" name="reset" value="reset">
</td>
</tr>
</table>
</form>
</center>
</body></html>

```

14.PLATINUM MATERIAL-----

```

<!DOCTYPE html>
<html>
  <head>
    <!-- Remove the Comments and fill up the relevant code -->
    <!-- Write necessary code wherever needed to complete this code challenge -->
    <!-- Do specify ALL the component-ids correctly for your code to get evaluated
successfully -->
    <title>Platinum Properties</title>
    <style>
      input[type="number"] {
        width:98%;
      }
    
```

```
input[type="text"] {  
width:98%;  
}  
input[type="date"] {  
width: 98%;  
}  
input[type="email"] {  
width:98%;  
}  
input[type="tel"] {  
width: 98%;  
}  
select {  
width: 98%;  
}  
  
.split {  
height: 100%;  
width: 50%;  
position: fixed;  
overflow: scroll;  
z-index: 1;  
top: 0;  
}  
  
.left {  
/* Fill the attribute and value */  
left: 0;  
}  
  
.right {  
/* Fill the attribute and value */  
right: 0;  
background-color: #74B14E;  
width: 60%;  
padding: 10px;  
}  
  
#image{  
/* Fill the attribute and value */  
width: 170%;  
height: 100%;  
}  
h3{  
/* Fill the attribute and value */  
text-align: center;  
font-size: 20px;  
font-family: Georgia;
```

```
border-radius: 6px;
padding: 5px;
}

table, h3{
/* Fill the attribute and value */
border: 3px solid #ffffff;
border-spacing: 2px;
width: 97%;
}

td{
/* Fill the attribute and value */
border: 1px solid #ffffff;
color: #6600FF;
background-color: #DFBF9F;
border-spacing: 5px;
}

#submit,h3{
/* Fill the attribute and value */
color: #C21807;
font-weight: bold;
background-color: #FFFFFF;
}

table,td,#submit{
/* Fill the attribute and value */
font-size: 15px;
font-family: Georgia;
border-radius: 6px;
padding: 5px;
}

#submit:hover {
background-color: #C21807;
color:#FFFFFF;
}

#offers:hover {
color: #C21807;
}

.b{
/* Fill the attribute and value */
color: #6600FF;
}
```

```

.c{
    /* Fill the attribute and value */
    color: #C21807;
    font-size: 15px;
    font-family: Georgia;
    font-weight: bold;
}

.d{
    border: 0px;;
}
</style>
</head>

<body>
<script>

    function show_value(x)
    {
        document.getElementById("demo").innerHTML=x;
    }
</script>

<div class="split left"></div>
<div class="split right">
<h3><!-- Fill the heading text -->Platinum Properties</h3>
<table>
    <tr class="d">
        <td class="d"><a id="property_info" class="b"
href="#property">Property-info</a></td>
        <td class="d"><a id="personal_info" class="b"
href="#personal">Personal-info</a></td>
        <td class="d"><a id="features_info" class="b" href="#features">Extra
Features</a></td>
    </tr>

    <tr>
        <td colspan="3" class="c" id="property">Property Information</td>
    </tr>

    <tr>
        <td>Select property Type: <br/>
<select id="ptype" required>
<option value="Select..">Select..</option>
<option value="Apartment">Apartment</option>
<option value="Independent House">Independent House</option>
<option value="Vila">Vila</option>
<option value="Compact Home">Compact Home</option>

```

```

        </select><!-- Fill the code for dropdown to select property type --></td>
        <td>BHK Type <br/>
        <select id="bkh" required>
            <option value="Select..">Select..</option>
            <option value="1BHK">1BHK</option>
            <option value="2BHK">2BHK</option>
            <option value="3BHK">3BHK</option>
            <option value="4BHK">4BHK</option>
        </select><!-- Fill the code for dropdown to select BHK type --></td>
        <td>Select the possession status <br/>
        <select id="status" required>
            <option value="Select..">Select..</option>
            <option value="Plot">Plot</option>
            <option value="Under Construction">Under Construction</option>
            <option value="Semi Furnished">Semi Furnished</option>
            <option value="Ready To Move">Ready To Move</option>
        </select><!-- Fill the code for dropdown to select possession status --></td>
    </tr>

    <tr>
        <td>Price Range:</td>
        <td class="d"><input type="number" id="from" placeholder="From" required><!--
Fill the code for price range from --></td>
        <td class="d"><input type="number" id="to" placeholder="To" required><!-- Fill the
code for price range to --></td>
    </tr>

    <tr>
        <td>Location:</td>
        <td class="d" colspan="2"><input type="text" id="location" placeholder="Enter the
location" required><!-- Fill the code for location --></td>
    </tr>

    <tr>
        <td colspan="3" class="c" id="personal">Personal Information</td>
    </tr>

    <tr>
        <td>Customer Name</td>
        <td colspan="2"><input type="text" id="cname" pattern="[A-Za-z]{1,100}"
placeholder="Enter the customer name" required><!-- Fill the code for Customer Name
--></td>
    </tr>

    <tr>
        <td>Phone Number</td>

```

```

        <td colspan="2"><input type="tel" id="phno" pattern="[987]{1}[0-9]{9}"  

placeholder="Enter the phone number" required><!-- Fill the code for Phone Number  

--></td>  

</tr>

<tr>
    <td>Email ID</td>
    <td colspan="2"><input type="email" id="email" placeholder="Enter the email id"  

required><!-- Fill the code for Email ID --></td>
</tr>

<tr>
    <td colspan="3" class="c" id="features">Extra Features</td>
</tr>

<tr class="d">
    <td class="d"><input type="checkbox" id="parking" name="optional"><!-- Fill  

the code for Parking-->Parking</td>
    <td class="d"><input type="checkbox" id="swimming pool"  

name="optional"><!-- Fill the code for Swimming Pool-->Swimming Pool</td>
    <td class="d"><input type="checkbox" id="super market"  

name="optional"><!-- Fill the code for Super Market-->Super Market</td>
</tr>

<tr>
    <td class="d"><input type="checkbox" id="park" name="optional"><!-- Fill the  

code for Park-->Park</td>
    <td class="d"><input type="checkbox" id="library" name="optional"><!-- Fill  

the code for Library-->Library</td>
    <td class="d"><input type="checkbox" id="playground" name="optional"><!--  

Fill the code for Play Ground-->Play Ground</td>
</tr>

<tr>
    <td colspan="3" ><a id="offers" class="b" href="#submit">**Click here to  

unlock exclusive offers</a></td>
</tr>

</table>
<br/>
<p><!-- Fill the code for Submit --><input type="button" id="submit" value="CHECK  

AVAILABILITY"></p>
</div>

</body>
</html>

```

15.ROYAL WEDDING PLANNERS CODE:-----

```
<!DOCTYPE html>
<html>
  <head>
    <!-- Remove the Comments and fill up the relevant code -->
    <!-- Write necessary code wherever needed to complete this code challenge -->
    <!-- Do specify ALL the component-ids correctly for your code to get evaluated
successfully -->
    <title>Royal Wedding Planners</title>
    <style>

      input[type="number"] {
        width:98%;
      }
      input[type="range"] {
        width:95%;
      }
      input[type="text"] {
        width:98%;
      }
      input[type="date"] {
        width: 98%;
      }
      input[type="email"] {
        width:98%;
      }
      input[type="tel"] {
        width: 98%;
      }
      textarea {
        width: 98%;
      }
      select {
        width: 98%;
      }

      .split {
        height: 100%;
        width: 50%;
        position: fixed;
        overflow: scroll;
        z-index: 1;
        top: 0;
      }

      .left {
        Left:0;
      }
      /* Fill the attribute and value */
    </style>
  </head>
  <body>
    <div class="split">
      <div class="left">
        <!-- Your code here -->
      </div>
      <div class="right">
        <!-- Your code here -->
      </div>
    </div>
  </body>
</html>
```

```
.right {  
    Right :0;  
    background-color: #CA9499;  
    width: 60%;  
    padding: 10px;  
/* Fill the attributes and values */  
}  
  
#image{  
    width: 90%;  
    height: 90%;  
/* Fill the attributes and values */  
}  
  
h3{  
    text-align: center;  
    font-size:20px;  
    font-family: Georgia;  
    border-radius: 6px;  
    padding: 2px;  
  
/* Fill the attributes and values */  
}  
  
table, h3{  
/* Fill the attribute and value */  
border-spacing: 2px;  
width: 97%;  
  
border: 3px solid #FFFFFF;  
}  
  
td{  
/* Fill the attributes and values */  
color:#ffffff;  
background-color: #A9A9A9;  
border-spacing: 5px;  
border: 1px solid #FFFFFF;  
}  
  
#submit,h3{  
    color:#C21807;  
    background-color: #ffffff;  
    font-weight:bold;  
/* Fill the attributes and values */  
}
```

```
table,td,#submit{  
    font-size: 15px;  
    font-family: Georgia;  
    border-radius: 6px;  
    padding: 5px;  
/* Fill the attributes and values */  
}  
  
#submit:hover {  
background-color: #C21807;  
color:#FFFFFF;  
}  
  
#offers:hover {  
color: #C21807;  
}  
  
.b{  
    color: #FFFFFF;  
/* Fill the attribute and value */  
}  
  
#condition:hover {  
color: #C21807;  
}  
  
.c{  
    color: #C21807;  
    Font-size:15px;  
    font-family: Georgia;  
    font-weight: bold;  
}  
  
.d{  
border: 0px;;  
}  
</style>  
</head>  
  
<body>  
<script>  
  
    function show_value(x)  
    {  
        document.getElementById("demo").innerHTML=x;  
    }  
</script>
```

```

<div class="split left"><img src=Royal.png id="image "></div>
<div class="split right">
<h3> ROYAL WEDDING PLANNERS </h3>
<table>
    <tr class="d">
        <td class="d"><a href="#wedding" id="wedding_info" class="b">Wedding-info</a></td>
        <td class="d"><a href="#contact" id="contact_info" class="b">Contact-info</a></td>
        <td class="d"><a href="#services" id="services_info" class="b">Service required</a></td>
    </tr>

    <tr>
        <td colspan="3" class="c" id="wedding">Wedding Information</td>
    </tr>

    <tr>
        <td>Select your city : <br/><select id="city" required="required">
            <option>Select..</option>
            <option>Chennai</option>
            <option>Bangalore</option>
            <option>Hyderabad</option>
            <option>Mumbai</option>
        </select> </td>
        <td>Wedding date : <br/><input type="date" name="date" required="required" id="date"></td>
        <td>No of guests <br/><input type="number" id="guests" required="required"></td>
    </tr>

    <tr>
        <td>Venue</td>
        <td colspan="2" class="c" id="venue"><textarea name="Venue" id="venue" rows="4" cols="50" placeholder="Wedding Venue" required="required"></textarea></td>
    </tr>

    <tr>
        <td>Budget (approx)</td>
        <td><input type="range" min="200000" max="5000000" value="0" id="budget" required="required" onchange="show_value(this.value);">
            <span id="demo"></span>
        </td>
    </tr>

    <tr>
        <td colspan="3" class="c" id="contact">Contact Information</td>
    </tr>

```

```

        </tr>

<tr>
    <td>Customer Name</td>
    <td><input type="text" id="cname" placeholder="Enter the customer name"
required="required" pattern="[A-Z][a-z]"></td>
</tr>

<tr>
    <td>Phone Number</td>
    <td><input type="tel" id="phno" placeholder="Enter the phone number"
required="required" pattern="[789]{1}[0-9]{9}"></td>
</tr>

<tr>
    <td>Email ID</td>
    <td><input type="email" id="email" placeholder="Enter the email id"
required="required"></td>
</tr>

<tr>
    <td colspan="3" class="c" id="services">Services Required</td>
</tr>

<tr class="d">
    <td class="d"><input type="checkbox" name="charges" id="invitation">
Invitation</td>
    <td class="d"><input type="checkbox" name="charges" id="decorators">
Decorators </td>
    <td class="d"><input type="checkbox" name="charges"
id="makeupArtists">Makeup artists</td>
</tr>

<tr>
    <td class="d" ><input type="checkbox" name="charges" id="photo_video">
Photographers & Videographers</td>
    <td class="d" > <input type="checkbox" name="charges" id="ls_support">
Live streaming support</td>
    <td class="d"><input type="checkbox" name="charges" id="caterers">
Caterers</td>
</tr>

<tr>
    <td class="d"><input type="checkbox" name="charges" id="transportation" >
Transportation</td>
    <td class="d"><input type="checkbox" name="charges" id="accomodation"
>Accommodation</td>

```

```

        <td class="d"><input type="checkbox" name="charges" id="theme">
Theme-based</td>
</tr>

<tr>
    <td colspan="3" id="condition ">**Quote you receive will include service tax of
5.0%</td>
</tr>

</table>
<br/>

<p><input type="button" id="submit" value="GET A QUOTE"> </p>
</div>

</body>
</html>

```

16.Agape Food Delivery Service ----

```

<!DOCTYPE html>
<html>
<head>
    <!-- Remove the Comments and fill up the relevant code -->
    <!-- Write necessary code wherever needed to complete this code challenge -->
    <!-- Do specify ALL the component-ids correctly for your code to get evaluated
successfully -->
    <title>Agape Food Delivery Service</title>

    <style type="text/css">
        input[type="file"] {
            /* Fill the attributes and values */
            /*opacity: 0.0;*/
            background: none;
            width: 100%;
            color: #08088A
        }

        input[type="text"] {
            /*opacity: 0.0;*/
            background: none;
            width: 100%
            /* Fill the attributes and values */
        }
    
```

```
input[type="number"] {  
    /*opacity: 0.0;*/  
    background: none;  
    width: 100%  
    /* Fill the attributes and values */  
}  
  
input[type="email"] {  
    /*opacity: 0.0;*/  
    background: none;  
    width: 100%  
    /* Fill the attributes and values */  
}  
  
input[type="tel"] {  
    /*opacity: 0.0;*/  
    background: none;  
    width: 100%  
    /* Fill the attributes and values */  
}  
  
input[type="url"] {  
    /*opacity: 0.0;*/  
    background: none;  
    width: 100%  
    /* Fill the attributes and values */  
}  
  
input[type="checkbox"] {  
    /*opacity: 0.0*/  
    background: none;  
    /* Fill the attribute and value */  
}  
  
input[type="button"] {  
    /*opacity: 0.0*/  
    background: none;  
    /* Fill the attribute and value */  
}  
  
input[type="checkbox"]      /* Fill here */ :checked + a {  
    color: #00800A  
    /* Fill the attribute and value */  
}  
  
body{  
    background-image: url('foodmitho.png');
```

```
}

h3{
    border: 1px solid;
    background-color: #08088A;
    margin-left: auto;
    margin-right: auto;
    text-align: center;
    width: 60%;
    font-family: "Verdana";
    border-radius: 6px;
    color: #E6ADAD;
    /* Fill the attributes and values */
}

table{
    border:3px solid;
    width: 60%;
    margin-left: auto;
    margin-right: auto;
    border-spacing: 5px;
    border-radius: 6px
}

td{
    font-size: 15px
}

#submit{
    color: #08088A;
    font-weight: bold;
    /*opacity: 0.0;*/
    background: none;
    border-radius: 6px
    /* Fill the attributes and values */
}

#submit:hover {
    color: #FFFFFF;
background-color: #CD5C5C
}

.a{
    width: 50%
    /* Fill the attribute and value */
}
```

```

.b{
    width: 60%;
    margin-left: auto;
    margin-right: auto
        /* Fill the attributes and values */
}

::-webkit-input-placeholder {
    color: #CD5C5C
    /* Fill the attribute and value */
}

</style>

</head>
<body>

<h3>Agape Food Delivery Service - Partner Invite</h3>
<table>

    <tr>
        <td colspan="1" >
            <input type="text" id="restaurantName" placeholder="Restaurant name*" pattern="[a-zA-Z0-9\s]+" required/>
        </td>
    </tr>

    <tr>
        <td class=" "><input type="text" id="pin" placeholder="Pin (Primary Location)*" required /></td>
        <td><input type="text" id="city" placeholder="City*" required /></td>
    </tr>

    <tr>
        <td class=" "><input type="text" id="oname" placeholder="Restaurant owner*" pattern="[a-zA-Z0-9\s]+" required /></td>
        <td><input type="tel" id="phno" placeholder="Phone number*" pattern="([789][0-9]{9})" required /></td>
    </tr>

    <tr>
        <td colspan=" " >
            <input type="email" id="email" placeholder="Email*" required />
        </td>
    </tr>

    <tr>
        <td colspan=" ">

```

```

        <input type="url" id="link" placeholder="Website Link/ online listing link" />
    </td>
</tr>

<tr>
    <td>
        <input type="number" id="noOfOutlets" placeholder="No of outlets*"
min="1" required/>
    </td>
    <td class=" ">
        <input type="text" id="primaryArea" placeholder="Primary Area of outlet*"
required/>
    </td>
</tr>

<tr>
    <td>
        <input type="text" id="cost" placeholder="Cost for two*" required/>
    </td>
    <td class=" "><input list = "establishmentType" type="text" id="type"
placeholder="Establishment : Independant/Chain*" />
        <datalist id="establishmentType">
            <option value="Independant">
            <option value="Chain">
        </datalist></td>
</tr>

<tr>
    <td colspan=" " required>Cusine type :
        <input type="checkbox" id="indianVeg" name="indianVeg"
value="Indian-veg" /> Indian-veg
        <input type="checkbox" id="indianVegNonVeg" name="indianVegNonVeg"
value="Indian-veg & Non-veg" /> Indian-veg & Non-veg
        <input type="checkbox" id="chinese" name="chinese" value="Chinese" />
Chinese
        <input type="checkbox" id="continental" name="continental"
value="Continental" /> Continental
    </td>
</tr>

<tr>
    <td><label>License(Jpeg/PDF)*</label>
        <input type="file" id="license" name="Choose File" value="Choose File"
accept="application/pdf, image/jpeg" required/>
    </td>
    <td><label>GSTIN/PAN*</label>
        <input type="file" id="pan" name="Choose File" value="Choose File"
accept="application/pdf, image/jpeg" required/>
    </td>
</tr>

```

```

        </td>
    </tr>

    <tr>
        <td><label>FSSAI(Jpeg/PDF)*</label>
            <input type="file" id="fssai" name="Choose File" value="Choose File"
accept="application/pdf, image/jpeg" required/>

        </td>
        <td>
            <label>Facade/Kitchen/Dining-Packaging/Locality(Jpeg)*</label>
            <input type="file" id="others" name="Choose Files" value="Choose Files"
accept="image/jpeg" multiple required/>

        </td>
    </tr>
</table>

<p class=" "><input type="checkbox" id="terms" name="terms" value="terms" /><a href="#submit" id="terms_ref">I agree to terms of services</a></p>
<p class=" ">
    <input type="button" id="submit" value="SUBMIT" />
</p>

</body>
</html>

```

17. Shine Clinic:-----

```

<!DOCTYPE html>
<html>
    <head>
        <!-- Remove the Comments and fill up the relevant code -->
        <!-- Write necessary code wherever needed to complete this code challenge -->
        <!-- Do specify all the component-ids correctly for your code to get evaluated
successfully -->

        <title>Shine Clinic</title>
        <style>

            input[type="number"], input[type="text"], input[type="date"],
input[type="email"], input[type="tel"], select {
                width:98%;

}

.split {
    height: 100%;
    width: 50%;
```

```
position: fixed;
overflow: scroll;
z-index: 1;
top: 0;
}

.left {
    left: 0;
/* Fill the attribute and value */
}

.right {
    right: 0;
background-color: #1AA3FF;
width: 60%;
padding: 10px;
/* Fill the attribute and value */
}

#image{
    width: 90%;
    height: 50%;
    margin-top: 25%;

    /* Fill the attribute and value */
}
h3{
    text-align: center;
    font-size: 20px;
    font-family: Georgia;
    border-radius: 6px;
    padding: 5px;

/* Fill the attribute and value */
}

table, h3{
/* Fill the attribute and value */
    border: 3px solid #ffffff;
    border-spacing: 2px;
    width: 97%;

}

td{
/* Fill the attribute and value */
    border: 1px solid #ffffff;
    border-spacing: 5px;
    color: #6600FF;
```

```
background-color: #E6E6E6;

}

#submit,h3{
    color: #C21807;
    font-weight: bold;
    background-color: #FFFFFF;
    /* Fill the attribute and value */
}

table,td,#submit{
    font-family: Georgia;
    font-size: 15px;
    border-radius: 6px;
    padding: 5px;

    /* Fill the attribute and value */
}

#submit:hover {
background-color: #C21807;
color:#FFFFFF;
}

.b{
    color: #6600FF;
    /* Fill the attribute and value */
}

.c{
    color: #C21807;
    font-size: 15px;
    font-family: Georgia;
    font-weight: bold;
    /* Fill the attribute and value */
}

.d{
    border: 0px;;
}
</style>
</head>

<body>
<script>
    function show_value(x){
```

```

        document.getElementById("demo").innerHTML=x;
    }
    function setDisable(){
        if(document.getElementById('cash').checked==true){

document.getElementById('cnumber').disabled=true;

document.getElementById('cvvnumber').disabled=true;
    }
    else if(document.getElementById('card').checked==true){

document.getElementById('cnumber').disabled=false;

document.getElementById('cvvnumber').disabled=false;
    }
}
</script>

<div class="split left"></div>
<div class="split right">

<h3>Shine Clinic</h3>
<table>
    <tr class="d">
        <td class="d"><a href="#admission" id="admission_info">!-- Fill the code to link to admission information --> class="b">Admission-info</a></td>
        <td class="d"><a href="#personal" id="personal_info">!-- Fill the code to link to personal information --> class="b">Personal-info</a></td>
        <td class="d"><a href="#payment" id="payment_info">!-- Fill the code to link to payment information --> class="b">Payment-info</a></td>
    </tr>
    <tr>
        <td colspan="3" class="c" id="admission">Admission Information</td>
    </tr>
    <tr>
        <td>Date of Admission: <br/><input type="date" id="dateofadmission" required="required"><!-- Fill the code for date of admission --></td>
        <td>Select the admission type<br/><select id="adtype" required>
            <option value="Select..">Select..</option>
            <option value="New Admission">New Admission</option>
            <option value="Already Have">Already Have</option>
        </select><!-- Fill the code for dropdown to select admission type --></td>
        <td>Admission For<br/><select id="adfor" required>
            <option value="Select..">Select..</option>
            <option value="Ear">Ear</option>

```

```

        <option value="Nose">Nose</option>
        <option value="Throat">Throat</option>
        <option value="General Checkup">General Checkup</option>

    </select><!-- Fill the code for dropdown to select admission for --></td>
</tr>

<tr>
    <td colspan="3" >**Select if you have any of the following below</td>
</tr>
<tr>
    <td class="d"><input type="checkbox" id="cold" name="health"><!--
Fill the code for cold-->Cold</td>
    <td class="d"><input type="checkbox" id="fever" name="health"><!--
Fill the code for Fever-->Fever</td>
    <td class="d"><input type="checkbox" id="cough" name="health"><!--
Fill the code for Cough-->Cough</td>
</tr>
<tr>
    <td class="d"><input type="checkbox" id="diapedesis"
name="health"><!-- Fill the code for Diapedesis-->Diapedesis</td>
    <td class="d"><input type="checkbox" id="blood pressure"
name="health"><!-- Fill the code for Blood Pressure-->Blood Pressure</td>
    <td class="d"><input type="checkbox" id="heavy surgery"
name="health"><!-- Fill the code for Heavy Surgery-->Heavy Surgery</td>
</tr>
<tr>
    <td colspan="3" class="c" id="personal">Personal Information</td>
</tr>

<tr>
    <td>Patient Name</td>
    <td colspan="2"><input type="text" id="pname" placeholder="Enter the patient
name" pattern="[a-zA-Z\s]" required="required"><!-- Fill the code for Customer Name
--></td>
</tr>

<tr>
    <td>Phone Number</td>
    <td colspan="2"><input type="text" id="phno" placeholder="Enter the phone
number" pattern="[789]{1}[0-9]{9}" maxlength="10" minlength="10"
required="required"><!-- Fill the code for Phone Number --></td>
</tr>

<tr>
    <td>Email ID</td>
    <td colspan="2"><input type="email" id="email" placeholder="Enter the
email id" required="required"><!-- Fill the code for Email ID --></td>

```

```

</tr>

<tr>
    <td>Age</td>
    <td colspan="2"><input type="number" id="age" placeholder="Enter the age" required="required"><!-- Fill the code for Age--></td>
</tr>

<tr>
    <td>Address</td>
    <td colspan="2"><textarea id="address" rows="4" cols="80" placeholder="Enter the address" required="required"></textarea><!-- Fill the code for Address --></td>
</tr>

<tr>
    <td colspan="3" class="c" id="payment">Payment Information</td>
</tr>

<tr class="d">
    <td>Select the payment type:</td>
    <td class="d"><input type="radio" id="card" name="ptype" onclick="setDisable()" required="">Card</td>
    <td class="d"><input type="radio" id="cash" name="ptype" onclick="setDisable()" required="">Cash</td>
</tr>
<tr>
    <td>Card Number</td>
    <td colspan="2"><input type="text" placeholder="Enter the card number" id="cnumber" minlength="16" maxlength="16" required><!-- Fill the code for Card Number--></td>
</tr>
<tr>
    <td>Cvv Number</td>
    <td colspan="2"><input type="text" id="cvvnumber" placeholder="Enter the cvv number" minlength="3" maxlength="3" required><!-- Fill the code for Cvv Number--></td>
</tr>

</table>
<br/>
<p><input type="button" value="CONFIRM" id="submit"><!-- Fill the code for Submit --></p>
</div>

</body>
</html>

```

18.Mercury Drug Delivery Service--

```
<!DOCTYPE html>

<html>

<head>

    <meta charset='utf-8'>

    <meta http-equiv="X-UA-Compatible" content="IE-edge">

    <title>Mercury Drug Delivery Service</title>

</head>

<style>

    input[type="file"] {

        background: transparent;

        width: 100%;

    }

    input[type="text"] {

        background: transparent;

        width: 100%;

    }

    input[type="number"] {

        background: transparent;

        width: 100%;

    }

}
```

```
input[type="email"] {  
background: transparent;  
width: 100%;  
}  
  
input[type="tel"] {  
background: transparent;  
width: 100%;  
}  
  
input[type="url"] {  
background: transparent;  
width: 100%;  
}  
  
input[type="checkbox"] {  
background: transparent;  
}  
  
input[type="button"] {  
background: transparent;  
}  
  
input[type="checkbox"] /* Fill here */ :checked + a {
```

```
/* Fill the attribute and value */  
}  
  
}
```

```
body{  
font-weight: bold;  
margin-left: auto;  
margin-right: auto;  
}
```

```
h3{  
color: #FFFFFF;  
background-color: #800000;  
margin-left: auto;  
margin-right: auto;  
text-align: center;  
width: 60%;  
font-family: Verdana;  
padding: 3px;  
border-radius: 6px;  
}
```

```
table{  
width: 60%;  
border-style: 3px solid;  
margin-left: auto;  
margin-right: auto;
```

```
border-spacing: 5px;  
border-radius: 6px;  
}
```

```
td{  
font-size: 15px;  
}
```

```
#submit{  
color:#800000;  
font-weight: bold;  
background: transparent;  
border-radius: 6px;  
}
```

```
#submit:hover {  
background-color:#800000 ;  
color: #FFFFFF;  
}
```

```
.a{  
width: 50%;  
}
```

```
.b{  
width: 60%;
```

```

}

::placeholder {
color: #dcdcdc;
}

</style>

<body>

<h3> Mercury Drug Delivery Service-Partner Invite </h3>

<table style="text-align: left;">

<tr>

<td colspan="2"><input type="text" required id="pharmacyName"
placeholder="Pharmacy name*"></td>

</tr>

<tr>

<td class="a"><input type="number" id="pin"
placeholder="Pin(PrimaryLocation)*" required></td>

<td><input type="text" id="city" placeholder="City*"></td>

</tr>

<tr>

<td class="a"><input type="text" id="oname" placeholder="Pharmacy owner*"
required></td>

<td><input type="tel" id="phno" placeholder="Phone number*"
pattern="[7-9]{1}[0-9]{9}" required></td>

</tr>

<tr>

<td colspan="2"><input type="email" id="email" placeholder="Email*"/></td>

```

```
</tr>

<tr>

    <td colspan="2"><input type="url" id="link" placeholder="Website Link/ online listing link"></td>

</tr>

<tr>

    <td><input type="text" id="noOfOutlets" min="1" placeholder="Number of outlets*" required></td>

    <td class="a"><input type="text" id="primaryArea" placeholder="Primary Area of outlet*" required></td>

</tr>

<tr>

    <td><input type="text" min="200" id="cost" placeholder="Minimum purchase cost*" required></td>

    <td class="a"><input list="establishmentType" id="type" placeholder="Establishment : Independant/Chain*" required>

        <datalist id="establishmentType">

            <option value="Independant"></option>

            <option value="Chain"></option>

        </datalist>

    </td>

</tr>

<tr>

    <td colspan="2">Medicines available :

        <input type="checkbox" id="gsl" name="items">General Sales List Medicines(GSL)

        <input type="checkbox" id="p" name="items">Pharmacy Medicines(P)<br>

    </td>

</tr>
```

<input id="pom" name="items" type="checkbox"/> Prescription Only Medicines (POM)	<input id="cds" name="items" type="checkbox"/> Controlled Drugs (CDs)
<input type="button" value="Next Step"/>	
<input type="button" value="Back"/>	
<input type="button" value="Cancel"/>	
<input type="button" value="Logout"/>	

* Required Fields

<input id="license" name="files" type="checkbox"/> Retail Drug License(Jpeg/PDF)* <input id="license" type="file"/>	<input id="pan" name="files" type="checkbox"/> GSTIN/PAN* <input id="pan" type="file"/>	<input id="fssai" name="files" type="checkbox"/> FSSAI(Jpeg/PDF)* <input id="fssai" type="file"/>
<input id="others" multiple="" name="files" type="checkbox"/> Facade/Pharmacy-shelves/Refridgerator(Jpeg)* <input id="others" multiple="" type="file"/>		
<input type="button" value="Next Step"/>		
<input type="button" value="Back"/>		
<input type="button" value="Cancel"/>		
<input type="button" value="Logout"/>		

* Required Fields

I agree to terms of services

19.Mahima Cashew Store---

```
<!DOCTYPE html >
<html>
<head>
<script>
    function billCalculation ()
    {
        var name =document.getElementById("customerName").value;
        var wholecashews=document.getElementById("wholecashews").value;
        var halfcashews=document.getElementById("halfcashews").value;
        var brokencashews=document.getElementById("brokencashews").value;
        var distance=document.getElementById("distance").value;
        var amount =(1100 * wholecashews)+(800 *halfcashews)+(650
*brokencashews)+(distance *22);

        document.getElementById("result"). innerHTML = " Hi "+name+",you have
to pay "+amount.toFixed(2)+" thank for visting us!!!" ;
        return false;
    }
</script>

<style>
body{
    color:#00FF7F;
}
h1{
    color :#FFFFFF;
    font:Arial;
    font-style :italic;
    background-color: #D2691E;
    text-align: center;
}
#a{
    font-weight: "bold";
    font: Arial;
    background-color: #D2691E;
    width:13em;
    height:35px;
}
#result
{
    font-weight: bold;
    font:Arial;
    font-size:24px;
```

```

        color:#800000;
    }

</style>

</head>
<body>
    <form onsubmit=" return billCalculation ()">
        <h1>Mahima Cashew Store</h1>
    <table>
        <tr>
            <td>
                customer name <input type ="text" id ="customerName" name
                ="customerName" placeholder="Enter Your Name" required="required">
            </td>
        </tr>
        <tr>
            <td>
                Contact No <input type ="tel" id ="contactno" name ="contactno"
                pattern="[7-9]{1}[0-9]{9}" placeholder="Enter Your mobile no" required="required">
            </td>
        </tr>
        <tr>
            <td>
                Date of order received <input type ="date" id ="bookingdate" name
                ="bookingdate" required="required">
            </td>
        </tr>
        <tr>
            <td>
                whole cashew (in Kg) <input type ="number" id ="wholecashews" name
                ="wholecashews" min="0" required="required">
            </td>
        </tr>
        <tr>
            <td>
                Half cashew (in Kg) <input type ="number" id ="halfcashews" name
                ="halfcashews" min="0" required="required">
            </td>
        </tr>
        <tr>
            <td>
                Broken cashew (in Kg) <input type ="number" id ="brokencashews" name
                ="brokencashews" min="0" required="required">
            </td>
        </tr>
        <tr>
            <td>

```

```

        Address <textarea type="text" id="address" name ="address" rows="5" cols
="25" placeholder="Enter your address" required="required"></textarea>
        </td>
    </tr>
    <tr>
        <td>
            Distance (in km) <input type ="number" id ="distance" name ="distance"
min="0" required="required">
        </td>
    </tr>
    <tr>
        <td>
            Expected date of delivery <input type="date" id="deliverydate"
name="deliverydate" required="required">
        </td>
    </tr>
    <tr id ="a">
        <td >
            <input type="button" id="submit" onclick="billCalculation ()" value
="submit">
        </td>
        <td>
            <input type ="reset" id="reset" name="reset" value ="clear">
        </td>
    </tr>
</table>
</form>
<div id="result">

</div>
</body>
</html>

```

20.Refrigerator Repair:-----

```

<!document HTML>
<HTML>
    <head>
        <style type="text/css">
        //apply appropriate style
        </style>
        <script>
            function bookAppointment(){
                var charge;
                var name=document.getElementById("customerName").value;
                var brand=document.getElementById("brandName").value;
                var type=document.getElementById("refrigeratorType").value;
                var mail=document.getElementById("email").value;

```

```

if(type=="Single Door"){
    charge=2500;
}
else if(type=="Double Door"){
    charge=5500;
}
else{
    charge=8500;
}
if(document.getElementById("yearlyMaintenance").checked==true){
    var s=charge+1000;
    document.getElementById("result").innerHTML= "Hello "+ name+", the
service appointment copy for "+ brand +" "+ type+" refrigerator with yearly
maintenance will be sent to your email ID "+ mail+ " and the estimated service charge
will be Rs "+ s;
}
else{
    document.getElementById("result").innerHTML= "Hello"+ name+", the
service appointment copy for "+ brand+ type+" refrigerator without yearly
maintenance will be sent to your email ID "+ mail+ "and the estimated service charge
will be Rs"+ charge;
}
}
</script>
</head>
<body>
<h1>REFRIGERATOR REPAIR SERVICE</h1>
<form onsubmit="return bookAppointment()">
<label>Customer Name </label><input type="text" id="customerName"
placeholder="Enter your name" required><br>
<label>Gender </label><input type="radio" name="male"
id="male">Male</label>
<input type="radio" name="female" id="female">Female<br>
<label>Mobile Number </label><input type="text" id="mobilenumber"
placeholder="Enter your mobile number" pattern="[6-10]{3}-[0-9]{3}-[0-9]{4}"
required><br>
<label>Email Id </label><input type="email" id="email" placeholder="Enter
your email Id" required><br>
<label>Address </label><textarea rows="5" cols="25" id="address"
placeholder="Enter your address" required></textarea><br>
<label>Brand Name </label><input list="brandNames" id="brandName"
autocomplete="on" required>
<DataList id="brandNames">
<option value="LG">
<option value="Samsung">
<option value="Whirlpool">
<option value="Bosch">
<option value="Godrej">

```

```

<option value="Seimens"></option>
</datalist></select><br>
<label>Refrigerator Type</label><select id="refrigeratorType">
  <option value="Single Door" >Single Door</option>
  <option value="Double Door">Double Door</option>
  <option value="Triple Door">Triple Door</option></select><br>
<label>Date for Appointment</label><input type="date"
id="dateForAppointment" required><br>
<label>Yearly Maintenance </label><input type="checkbox"
id="yearlyMaintenance"><br>
<label>Duration in months from the previous service</label><input type="range"
min="0" max="6" step="1"><br>
<input type="button" id="submit" value="submit"
onclick="bookAppointment()"></button>
<button type="reset" id="reset" value="clear">reset</button><br>
</form>
<div id="result">

</div>
</body>
</HTML>

```

21. Elite Travel Management:-----

```

<!DOCTYPE html>
<html>
  <head>
    <!-- Remove the Comments and fill up the relevant code -->
    <!-- Write necessary code wherever needed to complete this code challenge -->
    <!-- Do specify all the component-ids correctly for your code to get evaluated
successfully -->

    <title>Elite Travel Management</title>
    <style>

      input[type="number"] {
        width:98%;
      }
      input[type="text"] {
        width:98%;
      }
      input[type="date"] {
        width: 98%;
      }
      input[type="email"] {
        width:98%;
      }
      input[type="tel"] {

    
```

```
width: 98%;  
}  
select {  
width: 98%;  
}  
  
.split {  
height: 100%;  
width: 50%;  
position: fixed;  
overflow: scroll;  
z-index: 1;  
top: 0;  
}  
  
.left {  
left: 0;  
}  
  
.right{  
right: 0;  
background-color: #74B14E;  
width:60%;  
padding: 10px;  
}  
  
#image{  
width: 120%;  
height: 90%;  
}  
  
h3{  
text-align: center;  
font-size: 20px;  
font-family: Georgia;  
border-radius: 6px;  
padding: 5px;  
}  
  
table, h3{  
border: 3px solid #FFFFFF;  
border-spacing: 2px;  
width:97%;  
}  
  
td{  
border: 1px solid #FFFFFF;
```

```
color:#FFFFFF;
background-color: #6698FF ;
border-spacing : 5px;
}

#submit,h3{
color: #C21807;
font-weight: bold ;
background-color: #FFFFFF ;
}

table,td,#submit{
font-family: Georgia;
font-size: 15px;
border-radius:6px;
padding: 5px ;
}

#submit:hover {
background-color: #C21807;
color:#FFFFFF;
}

#offers:hover {
color: #C21807;
}

.b{
color: #FFFFFF;
}

.c{
color:#C21807;
font-size: 15px;
font-family: Georgia;
font-weight: bold;
}

.d{
border: 0px;;
}
</style>
</head>

<body>
<script>

function show_value(x)
```

```

        {
            document.getElementById("demo").innerHTML=x;
        }
    </script>

<div class="split left"></div>
<div class="split right">

<h3> ELITE TRAVEL MANAGEMENT </h3>
<table>
    <tr class="d">
        <td class="d"><a href="#travel" id="travel_info"
class="b">Travel-info</a></td>
        <td class="d"><a href="#personal" id="personal_info"
class="b">Personal-info</a></td>
        <td class="d"><a href="#preferences" id="preferences_info"
class="b">Activities Preferences</a></td>
    </tr>

    <tr>
        <td colspan="3" class="c" id="travel">Travel Information</td>
    </tr>

    <tr>
        <td>Select your travel destination : <br/>
            <select id="destination">
                <option value="Select.." required>Select..</option>
                <option value="London">London</option>
                <option value="Canada">Canada</option>
                <option value="Mauritius">Mauritius</option>
                <option value="Switzerland">Switzerland</option>
            </select>
        </td>
        <td>Date of departure : <br/>
            <input type="date" id="dateofdeparture" placeholder="dd-mm-yyyy"
required>
        </td>
        <td>Date of arrival : <br/>
            <input type="date" id="dateofarrival" placeholder="dd-mm-yyyy"
required>
        </td>
    </tr>

    <tr>
        <td><input type="number" id="kids" placeholder="No of kids"
required></td>
        <td><input type="number" id="teens" placeholder="No of teens"
required></td>
    </tr>

```

```

        <td><input type="number" id="adults" placeholder="No of adults"
required></td>
</tr>

<tr>
    <td>Visa Assistance</td>
    <td class="d"><input type="radio" name ="visa" id="yes" required>Yes</td>
    <td class="d"><input type="radio" name ="visa" id="no" required>No</td>
</tr>

<tr>
    <td colspan="3" class="c" id="personal">Personal Information</td>
</tr>

<tr>
    <td>Customer Name</td>
    <td><input type="text" id="cname" placeholder="Enter the customer name"
pattern="^[a-zA-Z]+\$" required></td>
</tr>

<tr>
    <td>Phone Number</td>
    <td><input type="tel" id="phno" placeholder="Enter the phone number"
pattern="^([7-9]{1}[0-9]{9})" required></td>
</tr>

<tr>
    <td>Email ID</td>
    <td><input type="email" id="email" placeholder="Enter the email id"
required></td>
</tr>

<tr>
    <td colspan="3" class="c" id="preferences">Activities Preferences</td>
</tr>

<tr class="d">
    <td class="d"><input type="checkbox" name="charges"
id="museumsAndHistoricSites">Museums & Historic Sites</td>
    <td class="d"><input type="checkbox" name="charges"
id="culture">Culture</td>
    <td class="d"><input type="checkbox" name="charges"
id="beaches">Beaches</td>
</tr>
<tr>
    <td class="d"><input type="checkbox" name="charges"
id="shopping">Shopping</td>

```

```

        <td class="d"><input type="checkbox" name="charges"
id="wildlife">Wildlife</td>
        <td class="d"><input type="checkbox" name="charges"
id="relaxing">Relaxing</td>
        </tr>

        <tr>
            <td colspan="3" ><a href="#submit" class="b" id="offers">**Click here
to unlock exclusive offers</a></td>
        </tr>

</table>
<br>
<p><input type="button" id="submit" value="BUILD PACKAGE"></p>
</div>

</body>
</html>

```

22.Mercury Drug Delivery Code:-----

```

<!DOCTYPE html>
<html>
<head>
    <meta charset='utf-8'>
    <meta http-equiv="X-UA-Compatible" content="IE-edge">
    <title>Mercury Drug Delivery Service</title>
</head>
<style>
    input[type="file"] {
        background: transparent;
        width: 100%;
    }

    input[type="text"] {
        background: transparent;
        width: 100%;
    }

    input[type="number"] {
        background: transparent;
        width: 100%;
    }

    input[type="email"] {
        background: transparent;
        width: 100%;
    }

```

```
}

input[type="tel"] {
    background: transparent;
width: 100%;
}

input[type="url"] {
    background: transparent;
width: 100%;
}

input[type="checkbox"] {
    background: transparent;

}

input[type="button"] {
    background: transparent;
}

input[type="checkbox"] /* Fill here */ :checked + a {
    /* Fill the attribute and value */
}

body{
    font-weight: bold;
    margin-left: auto;
    margin-right: auto;
}

h3{
    color: #FFFFFF;
    background-color: #800000;
    margin-left: auto;
    margin-right: auto;
    text-align: center;
    width: 60%;
    font-family: Verdana;
    padding: 3px;
    border-radius: 6px;
}

table{
    width: 60%;
    border-style: 3px solid;
    margin-left: auto;
```

```
margin-right: auto;
border-spacing: 5px;
border-radius: 6px;
}

td{
font-size: 15px;
}

#submit{
color:#800000;
font-weight: bold;
background: transparent;
border-radius: 6px;
}

#submit:hover {
background-color:#800000 ;
color: #FFFFFF;
}

.a{
width: 50%;
}

.b{
width: 60%;
}

::-webkit-input-placeholder {
color: #dcdcdc;
}
</style>
<body>

<h3> Mercury Drug Delivery Service-Partner Invite </h3>
<table style="text-align: left;">

<tr>
<td colspan="2"><input type="text" required id="pharmacyName"
placeholder="Pharmacy name*"></td>
</tr>
<tr>
<td class="a"><input type="number" id="pin"
placeholder="Pin(PrimaryLocation)*" required></td>
<td><input type="text" id="city" placeholder="City*"></td>
</tr>
<tr>
```

```

        <td class="a"><input type="text" id="oname" placeholder="Pharmacy owner*" required>/td>
        <td><input type="tel" id="phno" placeholder="Phone number*" pattern="[7-9]{1}[0-9]{9}" required></td>
        </tr>
        <tr>
            <td colspan="2"><input type="email" id="email" placeholder="Email*"></td>
        </tr>
        <tr>
            <td colspan="2"><input type="url" id="link" placeholder="Website Link/ online listing link"></td>
        </tr>
        <td><input type="text" id="noOfOutlets" min="1" placeholder="Number of outlets*" required></td>
        <td class="a"><input type="text" id="primaryArea" placeholder="Primary Area of outlet*" required></td>
        </tr>
        <tr>
            <td><input type="text" min="200" id="cost" placeholder="Minimum purchase cost*" required></td>
            <td class="a"><input list="establishmentType" id="type" placeholder="Establishment : Independant/Chain*" required>
                <datalist id="establishmentType">
                    <option value="Independant"></option>
                    <option value="Chain"></option>
                </datalist>
            </td>
        </tr>
        <tr>
            <td colspan="2">Medicines available :
                <input type="checkbox" id="gsl" name="items">General Sales List Medicines(GSL)
                <input type="checkbox" id="p" name="items">Pharmacy Medicines(P)<br>
                <input type="checkbox" id="pom" name="items">Prescription Only Medicines (POM)
                <input type="checkbox" id="cds" name="items">Controlled Drugs (CDs)
            </td>
        </tr>
        <tr>
            <td>Retail Drug License(Jpeg/PDF)*<br>
                <input type="file" id="license"></td>
            <td>GSTIN/PAN*<br>
                <input type="file" id="pan"></td>
            </td>
        </tr>
        <tr>
            <td>FSSAI(Jpeg/PDF)*<br>

```

```

        <input type="file" id="fssai"></td>
        <td>Facade/Pharmacy-shelves/Refridgerator(Jpeg)* <br>
            <input type="file" id="others" multiple></td>
        </tr>
    </table>

    <p class="b"><input type="checkbox"><a href="#submit" id="terms_ref"
style="color: blue;"><b>I agree to terms of
            services</b></a></p>
    <p class="b"><input type="button" id="submit" value="submit"></p>

</body>

</html>

```

23.Xchange - One Stop for Mobile-Accessories:-----

```

<!DOCTYPE html>
<html>
    <head>
        <!-- Remove the Comments and fill up the relevant code -->
        <!-- Write necessary code wherever needed to complete this code challenge -->
        <!-- Do specify all the component-ids correctly for your code to get evaluated
successfully -->

        <title> Xchange - One Stop for Mobile-Accessories</title>
        <style>

            *{
                background-color: #C2A1A1;
                color:#FFFFFF;
                font-family: Georgia;
            }

            input[type="text"] , input[type="number"], input[type="date"], select,
            textarea{
                width: 98%;
            }

            input[type="range"] {
                width: 60%;
            }

            ::placeholder{
                color:#FFFFFF;
            }

            h3{

```

```
border: 2px solid #FFFFFF;
/* Fill the attributes and values */
margin-left: auto;
margin-right: auto;
text-align: center ;
width: 60%;
color: #5D4079;
background-color: #FFFFFF;
border-radius: 6px;
border-spacing: 2px;
font-size: 30px;

}

table{
/* Fill the attributes and values */
width:60%;
margin-right: auto;
margin-left: auto;
}

td{
border: 2px solid #FFFFFF;
color:#FFFFFF;
/* Fill the attributes and values */
color: #FFFFFF;
padding: 5px;
border-radius: 6px;
border-spacing: 5px;
}

#submit {
margin-left:45%;
/* Fill the attributes and values */
color: #FFFFFF;
background-color: #5D4079;
border-radius: 6px;
padding: 3px;
font-weight: bold;
}

#submit:hover {
background-color: #FFFFFF;
color:#5D4079;
}

.d{
color:#000000;
```

```

        }

.c{
    /* Fill the attributes and values */
    color: #5D4079;
    background-color: #FFFFFF;
    font-weight: bold ;
}

</style>
</head>

<body >

<script>
    function show_value(x)
    {
        document.getElementById("demo").innerHTML=x;
    }
</script>

<h3>Xchange - One Stop for Mobile-Accessories</h3>
<table>
    <tr>
        <td class="c">Furnish Details</td>
    </tr>

    <tr>
        <td><input type="text" name="mtype" id="mtype" placeholder="Enter the mobile type*" required/></td>
        <td><input type="text" name="atype" id="atype" placeholder="Enter the accessory type*" required/></td>
    </tr>

    <tr>
        <td>Purchase date :<br/><input type="date" name="pdate" id="pdate" placeholder="mm/dd/yyyy" required /></td>
        <td>Available from :<br/><input type="date" name="availablefrom" id="availablefrom" placeholder="mm/dd/yyyy" required /></td>
    </tr>

    <tr>
        <td>Location :</td>
        <td><input type="text" name="location" id="location" placeholder="City,State*" required/></td>
    
```

```

</tr>

<tr>
    <td colspan="2">Reason for selling : <textarea rows="4" columns="50"
id="reason" required></textarea></td>
</tr>

<tr>
    <td>Price Quoted : </td>
    <td> <input type="range" name="price" id="price" min="500"
max="20000" required onchange="show_value(this.value);"
    <span id="demo"></span></td>
</tr>

<tr>
    <td colspan="2">Upload pics (in .png format) : <input type="file"
name="pic" id="pic" value="Choose Files" multiple required></td>
</tr>

<tr>
    <td><input type="text" name="name" id="name" placeholder="Enter
your name*" required></td>
    <td><input type="tel" id="phno" placeholder="Contact number*"
max="10" pattern="[789]{1}[0-9]{9}" required ></td>
</tr>

</table>
<br/>

<p><input type="button" name="submit" id="submit" value="POST PRODUCT" /></p>

</body>
</html>

```

24.AirFine Airlines: -----

```

<!DOCTYPE html>
<html>
    <body>

        <form onsubmit="return display()">
            <h3>AirFine AirLines</h3>
            <table>

```

```

<tr><td>Passenger Name</td><td><input type="text" id="pname"
name="Passenger Name" placeholder="Enter the passenger name"
required=""></td></tr>
<tr><td>Phone Number</td><td><input type="text" id="mobile"
name="mobile" pattern="[789]{1}[0-9]{9}" min="7000000000" max="9999999999"
maxlength="10" placeholder="Enter the phone number" required=""></td></tr>
<tr><td>Ticket Id</td><td><input type="number" id="tid" name="Ticket Id"
placeholder="Enter the ticket id" required=""></td></tr>
<tr><td>Date of Trip</td><td><input type="date" id="tripdate" name="Date
of Trip" required=""></td></tr>
<tr><td>Number of Tickets</td><td><input type="number" id="noOfTickets"
name="Number of Tickets" placeholder="Enter the number of tickets"
required=""></td></tr>
<td>Date of Cancellation</td><td><input type="date" id="cancellationdate"
name="Date of Cancellation" required=""></td></tr>
<tr><td><label>Seat Type</label></td><td>
<select name="Seat Type" id="stype" required="">
<option id="seat" value="seat">Seat Type..</option>
<option id="eco" value="eco">Economy Class Seats</option>
<option id="prem" value="prem">Premium Class Seats</option>
<option id="bus" value="bus">Business Class Seats</option>
<option id="first" value="first">First Class Seats</option>
</select>
</td></tr>
<tr><td><label>Amount Paid</label></td><td><input type="number"
id="amountPaid" name="Amount Paid" placeholder="Enter the amount paid"
required=""></td></tr>

</table>
<br>
<input type="submit" id="submit" value="CONFIRM CANCELLATION">
<br><br>
<div id="result" name="result"></div>
</form>

<style>
body
{
    background-image: image;
    background-size: 60%;
    font-weight: bold;
    background-position: center;
    background-repeat: no-repeat;
    background-color: blue;
}
h3
{
    color: #FFFFFF;

```

```
background-color: #FFCC66;
margin-left: auto;
margin-right: auto;
font-family: verdana;
padding: 5px;
border-radius: 6px;
text-align: center;
width: 50%;
}
table, tr, td
{
    width : 50%;
    border-style: solid;
    border-color: black;
    margin-left: auto;
    margin-right: auto;
    border-spacing: 1px;
    border-radius: 6px;
    color: #FFFFFF;
    background-color: transparent;
    padding: 1px;
    text-align: center;
}
div
{
    font-size: 20px;
    color: #FFFFFF;
    text-align: center;
    margin-left: auto;
    margin-right: auto;
}
#submit
{
    color: #FFFFFF;
    background-color: #FFCC66;
    margin-left: 25%;
    margin-right: auto;
    padding: 5px;
    width: 50%;
    font-family: verdana;
    font-weight: bold;
    border-radius: 6px;
}
#result
{
    color: #00CC66;
    background-color: #FFFFFF;
    margin-left: auto;
```

```

        margin-right: auto;
        padding: 5px;
        width: 50%;
        font-size: 20px;
    }

</style>

<script>
    function display()
    {
        var conFee,cp,convFee,canChr,refAmt;
        var not = document.getElementById("noOfTickets").value;
        var sType = document.getElementById("stype");
        var st = sType.options[sType.selectedIndex].value;
        var amtPaid = document.getElementById("amountPaid").value;
        var pName = document.getElementById("pname").value;
        if(st == "eco")
        {
            conFee = 200;
            cp = 0.2;

        }else if(st == "prem"){
            conFee = 400;
            cp=0.3;

        }else if(st == "bus"){
            conFee = 500;
            cp=0.3;
        }
        else
        {
            conFee = 600;
            cp=0.4;
        }

        convFee = not*conFee;
        canChr = amtPaid*cp;
        refAmt = amtPaid -convFee-canChr;
        document.getElementById('result').innerHTML = "Hi "+pName+", your ticket has
been successfully cancelled and the refund amount is Rs."+refAmt;
        return false;
    }
</script>
</body>
</html>

```

25. Beauty Care Center - Appointment

```
<!DOCTYPE html>
<html>
<head>
    <!-- Remove the Comments and fill up the relevant code -->
    <!-- Write necessary code wherever needed to complete this code challenge -->
    <!-- Do specify all the component-ids correctly for your code to get evaluated
successfully -->
    <title>Beauty Care Center</title>
    <style>

        ::placeholder {
            color: #6A5ACD;
            opacity: 2;
        }

        input[type="email"], input[type="tel"], input[type="number"], input[type="text"],
        input[type="date"], textarea, select, #services {
            width: 85%;
            color: #6A5ACD;
            font-weight: bold;
            background: transparent;
            border-radius: 6px;
            border-style: solid;
            border-width: 2px;
            border-color: #FFA07A;
        }

        input[type="button"] {
            background-color: #08088A;
        }

        input[type="checkbox"]#terms:checked+a {
            color: #40ff00;
        }

        body {
            background-color: #000000;
        }

        h3 {
            color: #FFFFFF;
            background-color: #2F4F4F;
            margin-right: auto;
        }

    </style>

```

```
margin-left: auto;
text-align: center;
width: 35%;
font-family: Verdana;
border-style: 1px solid;
border-radius: 6px;
}

label span{
color: #F0F8FF;
}

table {
width: 30%;
border-style: 3px groove;
margin-right: auto;
margin-left: auto;
border-spacing: 5px;
border-radius: 6px;
}

#appointment td {
width: 1px;
border-style: solid;
color: #F4A460;
padding: 8px;
}

#terms_ref {
color: #00bfff;
}

#submit {
color: #FFEFD5;
font-weight: bold;
background: transparent;
border-radius: 6px;
}

#submit:hover {
background-color: #2E8B57;
color: #FFFFFF;
}

.b {
width: 50%;
margin-left: auto;
margin-right: 14em;
```

```

}

</style>
</head>

<body>

    <h3>Beauty Care Center - Appointment</h3>
    <table id="appointment">
        <tr>
            <th id="details" colspan="2"></th>
        </tr>
        <tr>
            <td>
                <label><span><b>Name*</b></span>:</label>
            </td>
            <td>
                <input type="text" name="name" placeholder="Enter your name" id="name" required/>
            </td>
        </tr>
        <tr>
            <td>
                <label><span><b>Gender*</b></span>:</label>
            </td>
            <td>
                <input type="radio" id="male" name="gender" value="Male"
                ><label><span><b> Male </b></span></label>
                <input type="radio" id="female" name="gender" value="Female"
                ><label><span><b> Female</b></span></label>
                <input type="radio" id="others" name="gender" value="Others"
                ><label><span><b> Others</b></span></label>
            </td>
        </tr>
        <tr>
            <td>
                <label><span><b>E-mail address</b></span>:</label>
            </td>
            <td>
                <input type="email" name="email" id="email"
                placeholder="Example:abc@gmail.com" required />
            </td>
        </tr>
        <tr>

```

```
<td>
    <label><span><b>Mobile No*</b></span>:</label>
</td>
<td>

    <input type="tel" name="mobileNo" id="mobileNo" maxlength="10"
placeholder="Enter your mobile no" required/>

</td>
</tr>

<tr>
    <td>
        <label><span><b>Services*</b></span>:</label>
    </td>
    <td>
        <input type="text" list="serviceList" name="services" id="services"
autocomplete required>
        <datalist id="serviceList" autocomplete>
            <option value="Manicure">
            <option value="Pedicure">
            <option value="Facial">
            <option value="Threading">
            <option value="Waxing">
            <option value="Hair Spa">
            <option value="Body Massage">
            <option value="Others">
        </datalist>
    </td>
</tr>

<tr>
    <td>

        <label><span><b>Date*</b></span>:</label>
    </td>

    <td>

        <input type="date" name="date" id="date" required/>

    </td>
</tr>

<tr>
    <td>
        <label><span><b>Time*</b></span>:</label>
```

```

</td>
<td>

    <select id="time" name="time" >
        <option id="selectOne" value="-Select one-">-Select one-</option>
        <option id="time1" value="10.00 AM">10.00 AM</option>
        <option id="time2" value="10.30 AM">10.30 AM</option>
        <option id="time3" value="11.00 AM">11.00 AM</option>
        <option id="time4" value="11.30 AM">11.30 AM</option>
        <option id="time5" value="12.00 PM">12.00 PM</option>
        <option id="time6" value="12.30 PM">12.30 PM</option>
        <option id="time7" value="01.00 PM">01.00 PM</option>
        <option id="time8" value="01.30 PM">01.30 PM</option>
        <option id="time9" value="02.00 PM">02.00 PM</option>
    </select>

</td>
</tr>

<tr>
    <td>
        <label><span><b>Address</b></span>:</label>
    </td>
    <td>
        <textarea name="address" placeholder="Enter your address" id="address" rows="5" cols="25" required></textarea>
    </td>
</tr>

</table>
<p class="b"><input type="checkbox" name="checkbox" id="terms" /><a href="#submit" id="terms_ref">I agree to the terms of service and privacy policy</a></p>
<p class="b"><input type="button" name="submit" id="submit" value="Submit" /></p>

</body>
</html>

```

26. Vision Opticals: ---

```

<!DOCTYPE html>
<html>
    <head>
        <title>Vision Opticals</title>
        <style>

```

```
input[type="number"], input[type="text"], input[type="date"],
input[type="email"], input[type="tel"], select {
    width:98%;
}

body{
    background-image: url("VISION.png");
    background-size: 70%;
    font-weight: bold;
}

div{
    font-size:20px;
    color:#FFFFFF;
    text-align: center;
    margin-left: auto;
    margin-right: auto;
}

h3{
    font-family: Verdana;
    color: #FFFFFF;
    background-color: #696969;
    margin-left: auto;
    margin-right: auto;
    text-align: center;
    width: 50%;
    padding: 5px;
    border-radius: 6px;
}

table, td, tr{
    border: solid 1px;
    width: 50%;

    margin-left: auto;
    margin-right: auto;
    padding: 1px;
    border-spacing: 1px;
    border-radius: 6px;
    color:#696969 ;
    background-color: #FFFFFF;
}

::placeholder {
color: #696969;
font-weight: bold;
}
```

```

#submit{
color:#FFFFFF;
background-color:#696969;
font-family: Verdana;
font-weight: bold;
margin-left:auto;
margin-right:auto;
padding: 5px;
width: 50%;
border-radius: 6px;
}
#result1, #result2{
color: #0099FF;
background-color: #FFFFFF;
margin-left:auto;
margin-right:auto;
width:50%;
font-size:20px;
text-align:center;
}

</style>
</head>

<body>
<script type="text/javascript">

function display()
{
    var stype=document.getElementById("stype").value;
    var gcat=document.getElementById("category").value;
    var tot=0;
    var paytype=document.getElementById("ptype").value;
    if(paytype=="Debit card / Credit card")
    {
        paytype="Card";
    }
    switch(gcat)
    {
        case "Classic":tot=599+450;
        break;
        case "Premium":tot=3000+450;
        break;
        case "Computer Glass":tot=999+450;
        break;
    }
}

```

```

        document.getElementById("result1").innerHTML = "Purchase of a
"+spectype+" "+gcat+ " has been logged !";
        document.getElementById("result2").innerHTML = "An amount of
Rs."+tot+",inclusive of tax has been received by "+paytype;
        return false;
    }

    function disableCardDetailsOnCash()
{
    if (document.getElementById("ptype").value == "Cash")
    {
        document.getElementById("cardno").disabled=true;
        document.getElementById("edate").disabled=true;
    }
    else
    {
        document.getElementById("cardno").disabled=false;
        document.getElementById("edate").disabled=false;
    }
}

```

</script>

<div>

<h3> Vision Opticals </h3>

<form onsubmit="return display();">

<table>

<tr>

 <td>Customer Name</td>

 <td><input type="text" id="cname" name="cname" placeholder="Enter the customer name" pattern="[a-zA-Z\s]+" required></td>

</tr>

<tr>

 <td>Phone Number</td>

 <td><input type="tel" id="phno" name="phno" placeholder="Phone number" pattern="[789]{1}[0-9]{9}" maxlength="10" required></td>

</tr>

<tr>

 <td>Email ID</td>

 <td><input type="email" id="email" name="email" placeholder="Enter the email id" required></td>

</tr>

<tr>

 <td>Spectacle Type</td>

 <td><select id="stype" required>

 <option value="Select Glass">Select Glass</option>

 <option value="Eye Glass">Eye Glass</option>

 <option value="Sun Glass">Sun Glass</option>

```
<option value="Blu 0 Computer Glass">Blu 0 Computer Glass</option>
<option value="Reading Glass">Reading Glass</option>
</select>
</td>
</tr>
<tr>
<td>Frame Brand</td>
<td><select id="brand" required>
<option value="Select Brand">Select Brand</option>
<option value="Vincent Chase">Vincent Chase</option>
<option value="John Jacobs">John Jacobs</option>
<option value="Ray Ban">Ray Ban</option>
<option value="Carrera">Carrera</option>
<option value="Oakley">Oakley</option>
<option value="Vogue">Vogue</option>
</select>
</td>
</tr>
<tr>
<td>Frame Type</td>
<td><select id="ftype" required>
<option value="Select Frame">Select Frame</option>
<option value="Rectangle Frames">Rectangle Frames</option>
<option value="Wayfarer Frames">Wayfarer Frames</option>
<option value="Round Frames">Round Frames</option>
<option value="Aviator Frames">Aviator Frames</option>
<option value="Cat-Eye Frames">Cat-Eye Frames</option>
<option value="Rimless Frames">Rimless Frames</option>
<option value="Half Rim Frames">Half Rim Frames</option>
</select>
</td>
</tr>
<tr>
<td>Frame Color</td>
<td><select id="fcolor" required>
<option value="Select Frame Color">Select Frame Color</option>
<option value="Black">Black</option>
<option value="Brown">Brown</option>
<option value="Grey">Grey</option>
<option value="Blue">Blue</option>
<option value="Green">Green</option>
<option value="Red">Red</option>
</select>
</td>
</tr>
<tr>
<td>Glass Category</td>
<td><select id="category" required>
```

```

<option value="Select Glass Category">Select Glass Category</option>
<option value="Classic">Classic</option>
<option value="Premium">Premium</option>
<option value="Computer Glass">Computer Glass</option>
</select>
</td>
</tr>
<tr>
    <td>Payment Type</td>
    <td><select id="ptype" onchange="disableCardDetailsOnCash()" required>
        <option value="Debit card / Credit card">Debit card / Credit card</option>
        <option value="Cash">Cash</option>
    </select>

    </td>
</tr>
<tr>
    <td>Card No</td>
    <td><input type="text" id="cardno" name="cardno" placeholder="Enter the card no" pattern="[0-9]{4} {0,1}[0-9]{4} {0,1}[0-9]{4} {0,1}[0-9]{4}" maxlength="19" ></td>
</tr>
<tr>
    <td>Expiry Date</td>
    <td><input type="date" id="edate" name="edate"></td>
</tr>

</table>
<br/>
<p><input type="submit" id="submit" value="CONFIRM ORDER"></p>

<div id="result1"> </div>
<div id="result2"> </div>
</form>
</div>
</body>
</html>

```

27. Discount Price: ----

```

<!DOCTYPE html>
<html>
    <head>
        <style>
            h1
            {
                font-style: italic;
                font-weight: bold;
                text-align: center;
            }
        </style>
    </head>
    <body>
        <h1>DISCOUNT PRICE</h1>
        <h2>----</h2>
    </body>
</html>

```

```
        color: #b03060;
    }
    table{
        float: left;
        margin-left: 35%;
        border-style: solid 5px;
        border-spacing: 10px;
        border-collapse: collapse;
        border-width: 30%;
    }
    tr,td{
        border-style: solid 5px;
        border-collapse: collapse;
        padding: 10px;
        border-style: solid;
        border-width: 2px;
        border: 5px solid black;
    }
    #submit{
        margin-left: 45%;
    }
    div{
        text-align: center;
        font-weight: bold;
    }
    #result{
        font-style: italic;
        color: #FF0000;
        font-size: 40px;
        text-align: center;
        font-weight: bold;
    }
    #discount{
        font-size: 25px;
        text-align: center;
        font-weight: bold;
    }

```

</style>

</head>

<body style="background-color:#99FFFF;">

<h1>DISCOUNT PRICE</h1>

<form>

<table>

<tr>

<td>Product Name</td>

<td><input type="text" name="name" id="name" pattern="[a-zA-Z0-9]+" required></td>

</tr>

```

<tr>
    <td>Product Price</td>
    <td><input type="number" id="price" name="price" min="15001"
required></td>
</tr>
<tr>
    <td>Season</td>
    <td>
        <select name="season" id="season">
            <option value="summer">SUMMER SALE</option>
            <option value="newyear">NEW YEAR SALE</option>
            <option value="clearance">CLEARANCE SALE</option>
        </select>
    </td>
</tr>
</table><br>
<input type="button" name="submit" id="submit" value="GET DISCOUNT
PRICE" onclick="discount()">
</form>
<div id="discount"></div>
<div id="result"></div>
<script>
    function discount(){
        var p=document.getElementById("price").value;
        var s=document.getElementById("season").value;
        var d;
        if(s=="summer"){
            document.getElementById("discount").innerHTML="The discount is 10%";
            d=(p-(p*0.1));
        }
        else if(s=="newyear"){
            document.getElementById("discount").innerHTML="The discount is 5%";
            d=(p-(p*0.05));
        }
        else if(s=="clearance"){
            document.getElementById("discount").innerHTML="The discount is 15%";
            d=(p-(p*0.15));
        }
        document.getElementById("result").innerHTML="The discounted price : Rs
"+d;
    }
</script>
</body>
</html>

```

28.BOOKS FORM

```
<html>

    <head>
        <script>
            function test(){
                alert("You have successfully submitted the Book Form");
                return false;
            }
        </script>
    </head>
    <body>
        <h1>A Simple Form</h1>

        <h2>Form Fundamentals</h2>

        <form name="form" autocomplete="on" onsubmit="return test()">
            <fieldset>
                <legend>Customer Info</legend>
                <label for="cusname">Name:</label>
                <input type="text" id="cusname" name="cusname" placeholder="Enter your name" autofocus required><br><br>
                <label for="telephone">Telephone:</label>
                <input type="tel" name="telephone" id="telephone" placeholder="Pattern: 234-567-8910" pattern="[0-9]{3}-[0-9]{3}-[0-9]{4}" required>
                <br><br>
                <label for="mail" >Email address:</label>
        </form>
    </body>
</html>
```

```

        <input type="email" id="mail" name="mail" placeholder="Enter your
email address" required>

    </fieldset>

    <fieldset>

        <legend>Books</legend>

        <input name="quantity" type="number" max="5" min="1">

            <label for="quantity">Quantity: {Maximum 5}</label>

        <input list="books" id="book" name="book">

        <datalist id="books">

            <option value="HTML5 - Bruce Lawson and Remy Sharp">
                <option value="HTML5 - Up and Running - Mark Pilgrim">
                    <option value="Head First HTML5 Programming - Eric Freeman">
                        <option value="Mastering HTML, CSS and JavaScript - Laura
Lemay">

        </datalist>

    </fieldset>

    <input type="submit" id="submit" name="submit">

</form>

</body>

</form>

</body>

</html>

```

Outlook inverter

```

<!DOCTYPE html>
<html>
<head>

```

```

<title>Outlook Inverter Palace</title>
<script>

function billCalculation() {
    /* Fill the Javascript code to calculate the bill amount */
    var Luminous = document.getElementById("luminous").value;
    var Microtek = document.getElementById("microtek").value;
    var Exide = document.getElementById("exide").value;
    var Livguard = document.getElementById("livguard").value;
    var Vguard = document.getElementById("vguard").value;
    var amount =
(Luminous*4740)+(Microtek*4500)+(Exide*5050)+(Livguard*5600)+(Vguard*5400);
    if(amount>5500)
    {
        var discount = (amount*15)/100;
        amount=amount-discount;
    }
    amount=parseFloat(amount);
    document.getElementById("result").innerHTML = "Hi, You have to pay
Rs."+amount.toFixed(2)+" Thanks for selecting us!!!";
    return false;
}
</script>

<style>
::placeholder {
    color:#5D6D7E;
    opacity: 2;
}

input[type="email"], input[type="tel"], input[type="number"],
input[type="text"],input[type="date"], textarea, select {
    width: 85%;
    color: #342E53;
    font-weight: bold;
    background: transparent;
    border-radius: 6px;
    border-style: solid;
    border-width: 2px;
}

input[type="submit"] {
    background-color: #08088A;
}

label span {
    color: #2E4053;
}

```

```
body {  
    background-color: #9ACD32;  
}  
h1 {  
    color: #FFFFFF;  
    font-family: Arial;  
    border-style: 1px solid;  
    border-radius: 6px;  
    width: 50%;  
    margin-right: auto;  
    margin-left: auto;  
    background-color:#FF8C00;  
    text-align: center;  
}  
#result {  
    font-family:Calibri;  
    font-weight: bold;  
    font-size: 24px;  
    margin-right: auto;  
    margin-left: 15em;  
    color: #800000;  
}  
  
#submit {  
    font-weight: bold;  
    font-family: Times New Roman;  
    border-radius: 6px;  
    background: transparent;  
    margin-right: auto;  
    width: 13em;  
    height: 35px;  
    margin-left: 28em;  
}  
#reset {  
    font-weight: bold;  
    font-family: Times New Roman;  
    border-radius: 6px;  
    background: transparent;  
    margin-right: auto;  
    width: 13em;  
    height: 35px;  
    margin-left: 18em;  
}  
table {  
    width: 50%;  
    margin-right: auto;  
    margin-left: auto;
```

```

border-style: 3px groove;
border-spacing: 5px;
border-radius: 6px;

}

#billing td {
    border-width: 2px;
    border-style: solid;
    border-color: #EC7063;
    padding: 5px;
}

.b {
    width: 50%;
    margin-left: auto;
    margin-right: 14em;
}

#brandName td {
    margin-left: auto;
    margin-right: auto;
    width: 50%;
    border-width: 2px;
    border-style: solid;
    border-spacing: 5px;
    border-radius: 6px;
}

#submit:hover, #reset:hover {
    background-color: #2E8B57;
    color: #FFFFFF;
}

}

</style>
</head>
<body>

<h1>Outlook Inverter Palace</h1>

<form onsubmit="return billCalculation()">
    <table id="billing">
        <tr>
            <th id="details" colspan="2"></th>
        </tr>
        <tr>
            <td><label><span><b>Name*</b></span></label></td>
            <td><input type="text" name="name" id="name"
placeholder="Enter the name" pattern="[a-zA-Z]+" required/></td>
        </tr>
        <tr>

```

```

        <td><label><span><b>Contact
No*</b></span></label></td>
        <td><input type="text" name="contactNo" id="contactNo"
placeholder="Enter the contact no" pattern="[7-9]{1}[0-9]{9}" required/></td>
        </tr>
        <tr>
            <td><label><span><b>E-mail
address</b></span></label></td>
            <td><input type="email" name="Email" id="Email"
placeholder="Example:abc@gmail.com" required/></td>
            </tr>
            <tr>
                <td>
                    <!-- Fill the label for Brand Name -->
                    <label><span><b>Brand Name</b></span></label>
                </td>
                <td>
                    <table id="brandName">
                    <tr>

```

<td><label>Luminous</label></td>
 <td><input type="number"
name="luminous" id="luminous" min="0" required/></td>
 </tr>
 <tr>

<td><label>Microtek</label></td>
 <td><input type="number" name="microtek"
id="microtek" min="0" required/></td>
 </tr>
 <tr>

<td><label>Exide</label></td>
 <td><input type="number" name="exide"
id="exide" min="0" required/></td>
 </tr>
 <tr>

<td><label>Livguard</label></td>
 <td><input type="number" name="livguard"
id="livguard" min="0" required/></td>
 </tr>
 <tr>

<td><label>V-Guard</label></td>
 <td><input type="number" name="vguard"
id="vguard" min="0" required/></td>

```
        </tr>
        </table>
    </td>
</tr>
<tr>
    <td><label><span><b>Date of
Booking*</b></span></label></td>
        <td><input required type="date" name="Date" id="Date"
/></td>
    </tr>
<tr>
    <td><label><span><b>Address</b></span></label></td>
        <td><textarea id="address" required rows="5" cols="25"
placeholder="Enter your address"></textarea></td>
    </tr>
</table>
<table>
    <tr>
        <td><input type="submit" id="submit" value="Submit"/></td>
        <td><input type="reset" id="reset" value="Clear" /></td>
    </tr>
</table>
<p class="b"><div class="b" id="result"></div>
</form>
</body>
</html>
```

