

EXPERIMENT NO.-5

AIM: To create a “Registration Form” with some following fields:

- Name (Text Field)
- Password (Password field)
- E-mail id(text field)
- Phone Number(text field)
- Sex(radio button)
- Date of birth(3 select boxes)
- Languages known(checkboxes–English, Telugu, Hindi, Tamil)

Software Required: Notepad , SDK .

Code: <!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Form</title>

<style>

*{

margin: 10;

padding:10px ;

}

form{

background-color:antiquewhite;

}

input{

width: 120px;

}

```
</style>
</head><body>
<h2>Registration Form</h2>
<form action="submit_registration.php" method="post">

  <label for="name">Name:</label>
  <input type="text" id="name" name="name" required><br><br>

  <label for="password">Password:</label>
  <input type="password" id="password" name="password"
required><br><br>

  <label for="email">E-mail ID:</label>
  <input type="text" id="email" name="email" required><br><br>

  <label for="phone">Phone Number:</label>
  <input type="text" id="phone" name="phone" required><br><br>

  <label>Sex:</label>
  <label for="male">Male</label>
  <input type="radio" id="male" name="sex" value="male"><label
for="female">Female</label>
  <input type="radio" id="female" name="sex" value="female">
  <label for="other">Other</label>
  <input type="radio" id="other" name="sex" value="other"><br><br>

  <label for="Date">Date of Birth:</label>
  <input type="date" name="Date" id="Date"><br><br>
```

```
<label>Languages Known:</label>

<input type="checkbox" id="english" name="languages[]"
value="english">
<label for="english">English</label>
<input type="checkbox" id="telugu" name="languages[]" value="telugu">
<label for="telugu">Telugu</label>
<input type="checkbox" id="hindi" name="languages[]" value="hindi">
<label for="hindi">Hindi</label>
<input type="checkbox" id="tamil" name="languages[]" value="tamil">
<label for="tamil">Tamil</label><br><br>

<label for="address">Address:</label>

<input placeholder="Enter your address here" id="address"
name="address" minlength="100" ></input><br><br>

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


</form>

</body>

</html>
```

Output:

Registration Form

Name:	<input type="text"/>
Password:	<input type="password"/>
E-mail ID:	<input type="text"/>
Phone Number:	<input type="text"/>
Sex:	Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/>
Date of Birth:	<input type="text" value="dd-mm-yyyy"/> 
Languages Known:	<input type="checkbox"/> English <input type="checkbox"/> Telugu <input type="checkbox"/> Hindi <input type="checkbox"/> Tamil
Address:	<input type="text" value="Enter your address here"/>
<input type="button" value="Submit"/>	