

ASSIGNMENT -1

Topics: HTML, CSS

Name: KIRTHIKA V

Reg no: 20BCE2628

VIT, Vellore

CODE:

```
<html>
<head>
<title>Forms</title>
<style>
body{
background-color: rgb(228, 228, 250);
}
input[type=text]
{
height: 15px;
width: 300px;
padding: 10px
}
input:focus
{
background-color: rgb(255, 255, 167);
}
input:focus:valid
{
border: 2px solid green;
}
h1{
    align:center;
    text-align: center;
    text-decoration: underline;
}
```

```
input[type=submit]
{
    background-color: rgb(68, 243, 164);
    height: 30px ;
    width: 70px;
}

</style>
</head>
<body>
<form name="form1" action="#" autocomplete="off">
<h1>Sample form</h1>

<fieldset>
<legend>User details</legend>
<label>Name:</label>
<input type="text" name="Name"
placeholder="Name" >
<br><br>
<label>Password:</label>
<input type="password" name="pass"
placeholder="Password" pattern="[A-Za-z][4,]">
</fieldset>
<br>
<label>Choose language:</label>
<br>
<label>English:</label>
<input type="checkbox" name="en" value="en">
<br>
<label>Tamil:</label>
<input type="checkbox" name="tm" value="tm">
<br><br>
<label>Gender:</label><br>
<label>Male:</label>
<input type="radio" name="gender" value="male">
<br>
<label>Female:</label>
<input type="radio" name="gender" value="female">
```

```
<br>
<label>Other:</label>
<input type="radio" name="gender" value="other">
<br><br>
<select name="state">
<option value="default">Select state</option>
<option value="tn">Tamil Nadu</option>
<option value="kl">Kerala</option>
<option value="mh">Maharashtra</option>
<option value="up">Uttar Pradesh</option>
<option value="br">Bihar</option>
</select>
<br><br>
<label>Enter text:</label><br>
<textarea name="wallOfText" rows="10"
cols="60"></textarea>
<br><br>
<label>Choose colour:</label><br>
<input type="color">
<br><br>
<label>Choose date:</label><br>
<input type="datetime-local">
<br><br>
<label>Range:</label><br>
<input type="range" min="0" max="100" step="50">
<br><br>
<label>Contact:</label><br>
<input type="email" placeholder="email">
<br><br>
<label>Preferred browser:</label><br>
<datalist id="browsers">
<option value="Chrome">Chrome</option>
<option value="Firefox">Firefox</option>
<option value="Safari">Safari</option>
</datalist>
<input list="browsers">
<br>
<input type="reset">
```

```
<br><br>
<input type="submit">
<br>
</form>
</body>
</html>
```

SCREENSHOT:



The screenshot shows a web browser window with the address bar displaying "File | C:/Users/DELL/Downloads/form.html". The page title is "Sample form". The form contains the following elements:

- User details:**
 - Name:
 - Password:
- Choose language:**
 - English: ☐
 - Tamil: ☐
- Gender:**
 - Male: ☐
 - Female: ☐
 - Other: ☐
- Select state:**
- Enter text:**
- Choose colour:**
- Choose date:**
- Range:**
- Contact:**
- Preferred browser:**
- Reset:**
- Submit:**