PHP 2

**(01)**

<!DOCTYPE html>

<html>

<head>

<title>Registration Form</title>

<style>

body {

font-family: Arial, sans-serif;

margin: 20px;

}

.form-container {

width: 400px;

margin: 0 auto;

border: 1px solid #ccc;

padding: 20px;

}

.form-group {

margin-bottom: 20px;

}

.form-group label {

display: block;

font-weight: bold;

margin-bottom: 5px;

}

.form-group input, .form-group select {

width: 100%;

padding: 8px;

border: 1px solid #ccc;

border-radius: 4px;

}

.form-group select {

height: 34px;

}

.submit-btn {

margin-top: 10px;

background-color: #4CAF50;

color: white;

border: none;

padding: 10px 20px;

text-align: center;

text-decoration: none;

display: inline-block;

font-size: 16px;

border-radius: 4px;

cursor: pointer;

}

</style>

</head>

<body>

<div class="form-container">

<form action="display\_values.php" method="post">

<div class="form-group">

<label for="first\_name">First Name:</label>

<input type="text" id="first\_name" name="first\_name" required>

</div>

<div class="form-group">

<label for="last\_name">Last Name:</label>

<input type="text" id="last\_name" name="last\_name" required>

</div>

<div class="form-group">

<label for="username">Username:</label>

<input type="text" id="username" name="username" required>

</div>

<div class="form-group">

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

<input type="password" id="password" name="password" required>

</div>

<div class="form-group">

<label for="gender">Gender:</label>

<input type="radio" id="male" name="gender" value="Male" checked>

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

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

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

</div>

<div class="form-group">

<label for="academic\_year">Academic Year:</label>

<select id="academic\_year" name="academic\_year">

<option value="1st Year">1st Year</option>

<option value="2nd Year" selected>2nd Year</option>

<option value="3rd Year">3rd Year</option>

<option value="4th Year">4th Year</option>

</select>

</div>

<div class="form-group">

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

<input type="email" id="email" name="email" required>

</div>

<div class="form-group">

<label for="phone">Phone No:</label>

<input type="text" id="phone" name="phone" required>

</div>

<button type="submit" class="submit-btn">Submit</button>

</form>

</div>

</body>

</html>

PHP code

<!DOCTYPE html>

<html>

<head>

<title>Submitted Data</title>

<style>

body {

font-family: Arial, sans-serif;

margin: 20px;

}

.submitted-data {

width: 400px;

margin: 0 auto;

border: 1px solid #ccc;

padding: 20px;

}

.submitted-data p {

margin: 5px 0;

}

</style>

</head>

<body>

<div class="submitted-data">

<p>First Name: <?php echo $\_POST['first\_name']; ?></p>

<p>Last Name: <?php echo $\_POST['last\_name']; ?></p>

<p>Username: <?php echo $\_POST['username']; ?></p>

<p>Password: <?php echo str\_repeat('\*', strlen($\_POST['password'])); ?></p>

<p>Gender: <?php echo $\_POST['gender']; ?></p>

<p>Academic Year: <?php echo $\_POST['academic\_year']; ?></p>

<p>Email: <?php echo $\_POST['email']; ?></p>

<p>Phone No: <?php echo $\_POST['phone']; ?></p>

</div>

</body>

</html>