HTML

DAY -1

CONTACT US FORM

<!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>CONTACT US</title>

</head>

<body>

    <thead>

    </thead>

    <tbody>

<form>

    <label for="FirstName">FirstName</label><br>

    <input type="text" id="FirstName" name="First" required="required"><br>

    <label for ="LastName">LastName</label><br>

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

    <label for="phonenumber">PhoneNumber</label><br>

    <input type="text" id="PhoneNumber" values="numbers"><br>

    <label for="Acknowledge">I agree that to receive cal from our reprsentatives</label>

    <input type="checkbox" name="important" value="value" checked="yes"><br>

   <label for="thankyou">Submit</label><br>

   <input type="button" name="button" value="ok"><br>

</form>

    </tbody>

</body>

</html>

**2)DISPLAY PROGRAMMING LANGUAGES**

<!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>HTML ELEMENTS</title>

    <script src="script.js">Scriptjs</script>

</head>

<body>

    <thead>

    </thead>

    <tbody>

        <h1>Programming Languages</h1>

<form>

<ul>

    <li>Programming language</li>

    <li>Database</li>

</ul>

<h3>JavaScript</h3>

<ol>

    <li>a.Angular</li>

    <li>b.React</li>

    <li>c.Vue.js</li>

</ol>

<h3>Python</h3>

<ol>

    <li>a.Django Framework</li>

       <li>b.Flask Framework</li>

</ol>

<h3>Java</h3>

<ol>

    <li>

        a.Spring</li>

<li>b.Maven</li>

<li>c.Hibernate</li>

    </li>

</ol>

<h3>Database</h3>

<ol>

    <li>MySQL</li>

     <li>MongoDB</li>

     <li>Cansandra</li>

</ol>

</form>

    </tbody>

</body>

</html>

3)DISPLAY A FORM

|  |  |  |  |
| --- | --- | --- | --- |
|  | <!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>Document</title>  </head>  <body>      <thead>          <form>  <h1>Employee Type</h1>  <p>Choose any one option</p>  <label for="Salaried">Salaried</label><br>  <input type="radio" id="Salaried" name="EmployementType" Value="Salaried"><br>  <label for="ownbusiness">OwnBusiness</label><br>  <input type="radio"  id="ownbusiness" name="EmploymentType" Value="OwnBusiness"><br>  <label for="Click">Click OK</label><br>  <input type="button" value="Click"><br>          </form>      </thead>      <tbody>      </tbody>  </body>  </html>   |  | | --- | |  | |  |

4)HIGHLIGHT THE FORM

<!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>Document</title>

  <style>

    p{

    }

  </style>

</head>

<body>

  <p><mark>HTML & CSS is awesome</mark></p>

</body>

</html>

5)

DEBUG THE ERROR

<html lang="en">

<head>

<title>Document

<body>

guvi

</head>

<div>

**<P>Lorem ipsum dolor sit amet consectetur adipisicing elit</P>**

<div>

<div>

Guvi Geek Network

</div>

</DIV>

</DIV>

</body>

</html>

6)

<!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>Document</title>

  <style>

    table tr,

    td {

      border: 10px solid black;

      border-collapse: collapse;

    }

  </style>

</head>

<body>

  <table>

    <th>

      <tr>

    <div style="background-color: white;" <div style="background-color: red !important;"

    <h4 style="text-align:center;margin-bottom: 10px;margin-top: 20px;font-size: large;padding-top: 50px;">Yes I wanted to subscribe to

      Mag-O-Zine

    </td>

    </h4>

    </th> </table>

</body>

</div>

</div>

<form>

  <div

    style="font-family: 'Lucida Sans', 'Lucida Sans Regular', 'Lucida Grande', 'Lucida Sans Unicode', Geneva, Verdana, sans-serif;"

    black;">

    <table style="width: 100%;">

      <tr>

        <td>

          <div style="font-family:Verdana, Geneva, Tahoma, sans-serif;">

            <label for="Fname">firstName</label><span>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

              <label for="LastName">LastName</label><span>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                <label for="Address">Address</label><span>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                </span>

              </span>

            </span>

          </div>

          <div>

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

            <span>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

              <span>\_\_\_\_\_\_\_\_\_\_\_\_

                <label for="Zip">Zip</label>

                <span>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                </span>

              </span>

            </span>

          </div>

          <div>

            <h5 style="text-align:left">Subscribe for</h5><span>

              <input type="checkbox" id="1year" name="Value" checked>

              <label for="1year">1year($19.95)</label>

              <span>

                <input type="checkbox" id="2years" name="Value">

                <label for="2years">2years($35.00)</label>

              </span>

            </span>

          </div>

          <div>

            <p>Send me more information about:</p>

            <input type="checkbox" id="Details" checked>

            <label for="Details">Computer-Zine</label><br>

            <input type="checkbox" id="Details">

            <label for="Details">Fishing-Zine</label><br>

            <input type="checkbox" id="Details" checked>

            <label for="Details">Ct-O-Zine</label><br>

          </div>

        </td>

      </tr>

    </table>

  </div>

</form>

</html>

NEXT)

<!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>Document</title>

    <style>

        table,th,td,tr{

            border: 10px, black;

            border-collapse:collapse;

        }

    </style>

</head>

<body>

    <form>

    <table>

        <div>

          <tr> Health Chart</tr>

<tr>

<th>state of health</th>

</tr>

<tr>

<td>Healthy</td>

<td>Pre-Diabetes</td>

<td>Diabetes</td>

</tr>

<tr>

    <th>fasting value</th>

</tr>

<tr>

    <tr>Minimum</tr>

<tr>Maximum</tr>

<td>70</td>

<td>101</td>

<td>More than 126</td>

</tr>

<tr>

    <th>Maximum</th>

</tr>

<tr>

<td>100</td>

<td>126</td>

<td>N/A</td>

</tr>

<tr>

    <th>After Eating</th>

</tr>

<tr>

    <td>2 hours after eating</td>

    <td>Less than 140</td>

    <td>140 to 200</td>

    <td>More than 200</td>

</tr>

</form>

</div> </table>

</body>

</html>