

ASSIGNMENT-1

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1.Create one form with input and apply css for that

Html code –

```
<!DOCTYPE html>
```

```
<html> <style>
```

```
input[type=text], select {
```

```
width: 100%; padding:
```

```
12px 20px; margin:
```

```
8px 0; display: inline-
```

```
block; border: 1px
```

```
solid #ccc; border-
```

```
radius: 4px; box-sizing:
```

```
border-box;
```

```
}
```

```
input[type=submit] { width:
```

```
100%; background-color:
```

```
#4CAF50;
```

```
color: white;
```

```
padding: 14px 20px;
```

```
margin: 8px 0;
```

```
border: none; border-
```

```
radius: 4px; cursor:
```

```
pointer;
```

```
}
```

```
input[type=submit]:hover { background-
```

```
color: #45a049;
```

```
}
```

```
div { border-radius: 5px;
```

```
background-color: #f2f2f2;
```

```
padding: 20px;
```

```
}
```

```
</style>
```

```
<body>
```

```
<h3>Form</h3>
```

```
<div>
```

```
<form action="/action_page.php">
```

```
<label for="fname">First Name</label>
```

```
<input type="text" id="fname" name="firstname" placeholder="Your  
name..">
```

```
<label for="lname">Last Name</label>
```

```
<input type="text" id="lname" name="lastname" placeholder="Your last  
name..">
```

<p>

<label for="dob">Date of Birth</label>

<input type="date" id="dob" name="DOB">

</p>

<p>

<label for="phnum">Phone Number</label>

<input type="tel" id="phone" name="phone" placeholder="e.g. +91 000
000 0000" value="+91 ">

</p>

<label for="designation">Designation</label>

<select id="designation" name="designation">

<option value="ug">UG</option>

<option value="pg">PG</option>

<option value="diploma">Diploma</option>

<option value="lecturer">Lecturer</option>

</select>

<label for="country">Country</label>

<select id="country" name="country">

<option value="india">India</option>

<option value="canada">Canada</option>

<option value="usa">USA</option>

<option value="australia">Australia</option>

```
<option value="south korea">South Korea</option>  
</select>
```

```
<input type="submit" value="Submit">  
</form>  
</div>
```

```
</body>  
</html>
```

Screen shots-

```
assign
File Edit View
<!DOCTYPE html>
<html>
<style>
input[type=text], select {
width: 100%;
padding: 12px 20px;
margin: 8px 0;
display: inline-block;
border: 1px solid #ccc;
border-radius: 4px;
box-sizing: border-box;
}

input[type=submit] {
width: 100%;
background-color: #4CAF50;
color: white;
padding: 14px 20px;
margin: 8px 0;
border: none;
border-radius: 4px;
cursor: pointer;
}

input[type=submit]:hover {
background-color: #45a049;
}

div {
border-radius: 5px;
background-color: #f2f2f2;
padding: 20px;
}
//...
Ln 66, Col 41 100% Windows (CRLF) UTF-8
```

```
assign
File Edit View
</style>
</body>

<h3>Form</h3>

<div>
<form action="/action_page.php">
<label for="fname">First Name</label>
<input type="text" id="fname" name="firstname" placeholder="Your name..">

<label for="lname">Last Name</label>
<input type="text" id="lname" name="lastname" placeholder="Your last name..">

<p>
<label for="dob">Date of Birth</label>
<input type="date" id="dob" name="DOB">
</p>

<p>
<label for="phnum">Phone Number</label>
<input type="tel" id="phone" name="phone" placeholder="e.g. +91 000 000 0000" value="+91 ">

</p>
<label for="designation">Designation</label>
<select id="designation" name="designation">
<option value="ug">UG</option>
<option value="pg">PG</option>
<option value="diploma">Diploma</option>
<option value="lecturer">Lecturer</option>
</select>

<label for="country">Country</label>
<select id="country" name="country">
<option value="india">India</option>

```

```
assign
x +
File Edit View
<input type="text" id="first name" name="first name" placeholder="Your first name.."/>

<p>
  <label for="dob">Date of Birth</label>
  <input type="date" id="dob" name="DOB">
</p>

<p>
  <label for="phnum">Phone Number</label>
  <input type="tel" id="phone" name="phone" placeholder="e.g. +91 000 000 0000" value="+91 ">
</p>

<label for="designation">Designation</label>
<select id="designation" name="designation">
  <option value="ug">UG</option>
  <option value="pg">PG</option>
  <option value="diploma">Diploma</option>
  <option value="lecturer">Lecturer</option>
</select>

<label for="country">Country</label>
<select id="country" name="country">
  <option value="india">India</option>
  <option value="canada">Canada</option>
  <option value="usa">USA</option>
  <option value="australia">Australia</option>
  <option value="south korea">South Korea</option>
</select>

<input type="submit" value="Submit">
</form>
</div>
</body>
</html>
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```



Form

First Name

Last Name

Date of Birth

Phone Number

Designation

UG

Country

India

Submit