

## Assignment-2

Name: G.Ruchith

Code:

```
<!DOCTYPE html>
<html>
<head>
  <title>Input Form</title>
  <style>
    body {
      font-family: Arial, sans-serif;
      background-color: black;
      color: white;
    }

    .container {
      margin: 20px auto;
      width: 300px;
    }

    h1 {
      text-align: center;
    }

    form {
      margin-top: 20px;
      display: flex;
      flex-direction: column;
      align-items: center;
    }

    label {
      display: flex;
      margin-bottom: 5px;
      color: white;
    }

    label span {
      min-width: 100px;
    }

    input[type="text"] {
      width: 100%;
      padding: 5px;
    }
  </style>
</head>
</html>
```

```

        margin-bottom: 10px;
        font-family: Arial, sans-serif;
        color: white;
        background-color: #333;
    }

    input[type="submit"] {
        background-color: red;
        color: white;
        padding: 10px 15px;
        border: none;
        cursor: pointer;
        align-self: center;
    }

    input[type="submit"]:hover {
        background-color: #ff5252;
    }
</style>
</head>
<body>
    <div class="container">
        <h1>Input Form</h1>
        <form>
            <label for="name"><span>Name:</span> <input type="text" id="name"
name="name" placeholder="Enter your name"></label>
            <label for="email"><span>Email:</span> <input type="text" id="email"
name="email" placeholder="Enter your email"></label>
            <input type="submit" value="Submit">
        </form>
    </div>
</body>
</html>

```

Ouput:

# Input Form

Name:

Enter your name

Email:

Enter your email

Submit