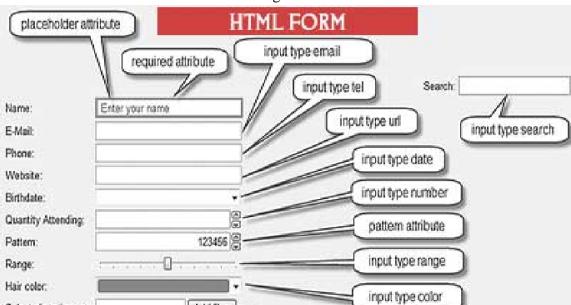
Practical -6

Working with Forms in HTML5 -II

1. Create an HTML5 Form as shown in the figure below

Travel reservation form

* denotes mandotory



input type file

Add files

2. Create an HTML5 Form as shown in the figure below

Select photo images:

Submit

3. Create an HTML5 Form as shown in the figure below

STUDENT REGISTRATION FORM

FIRST NAME		(max 30 characters	a-z and A-Z)			
LAST NAME		(max 30 characters	a-z and A-Z)			
DATE OF BIRTH	Day: v Month: v	Year: v				
EMAIL ID						
MOBILE NUMBER	(10 digit number)					
GENDER	Male O Female O					
ADDRESS						
СІТҮ		(max 30 characters	a-z and A-Z)			
PIN CODE		(6 digit number)				
STATE		(max 30 characters	a-z and A-Z)			
COUNTRY	India					
HOBBIES	Drawing Singing Dancing Sketching Others					
QUALIFICATION	SI.No. Examination	Board	Percentage	Year of Passing		
	1 Class X 2 Class XII					
	3 Graduation					
	4 Masters					
		(10 char max)	(upto 2 decimal)			
COURSES APPLIED FOR	BCA O B.Com O B	.Sc O B.A O				
		Submit Rese	t			

4. Create an HTML5 Form as shown in the figure below

Application Form

Surname Email Gender Select Mobile Community Select Alternate Mobile Residental Address House Number Mandal Select Muncipality Guntur Village/Town/City kakinada Identification Marks Identification Marks2 Thumb Impression Name of Health Facility PHC CHC OAH ODHC Enrollment Under Disability Conditions 1. Thalasemia Major	
Middle Name Date of Birth Date V Mon Year V Mon Surname Email Gender Select V Alternate Mobile Residental Address House Number Street Name Muncipality District East Godavari V Village/Town/City kskinads V Identification Marks Identification Marks2 Thumb Impression Name of Health Facility DHC CHC AH DHC Enrollment Under Disability Conditions 1. Thalasemia Major	i
Surname	
Gender -select ✓ Mobile Community select ✓ Alternate Mobile Residental Address House Number Mandal select Street Name Muncipality Guntur ✓ District East Godavari ✓ Village/Town/City kakinada ✓ Identification Marks Identification Marks2 Thumb Impression Name of Health Facility □ PHC □ CHC □ AH □ DHC Enrollment Under Disability Conditions 1. Thalasemia Major	
Community select Alternate Mobile Residental Address House Number	
Residental Address House Number	
House Number	
Street Name Muncipality Guntur Village/Town/City kakinada Village/Town/City Village/Town/Cit	
District East Godavari Village/Town/City kakinada V Identification Marks Identification Marks1 Identification Marks2 Thumb Impression Name of Health Facility	~
Identification Marks Identification Marks1 Identification Marks2 Thumb Impression Name of Health Facility)
Identification Marks1 Identification Marks2 Thumb Impression Name of Health Facility	
Identification Marks2 Thumb Impression Name of Health Facility DHC Chc AH DHC Enrollment Under Disability Conditions 1. Thalasemia Major	
Thumb Impression OPHC OCHC OAH ODHC Enrollment Under Disability Conditions 1. Thalasemia Major	
Name of Health Facility PHC CHC AH DHC Enrollment Under Disability Conditions 1. Thalasemia Major	
Name of Health Facility DHC Enrollment Under Disability Conditions 1. Thalasemia Major	
1. Thalasemia Major	
2	
2. Sickel cell Disease	
3. Severe Hemophilia	
Name Contact Number	
Address Email Id	

5. Create a HTML5 form as shown in the figure below

Your Name		
John Doe		
Your E-mail		
john.doe@email.com		
Your Phone		
498-348-3872		

Adults	Children	
2 \$	2	\$
Check-in Date	Check-out Date	
dd/mm/yyyy	dd/mm/yyyy	
Select Room Preference		
Choose a Room from the	e List	~
Anything Else?		
Tell us anything else that	might be important.	
Book The Rooms		