

Practical -6

Working with Forms in HTML5 -II

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

Travel reservation form

*** denotes mandatory**

Full name*:

Email address*:

Select Tour Package* :

Arrival date*:

Number of persons*:

What would you want to avail?*

Boarding ☐

Fooding ☐

Sight seeing ☐

Discout Coupon code:

Terms and conditions*

☒ I agree ☐ I disagree

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

The image shows an HTML5 form titled "HTML FORM" with a red header. The form contains several input fields and controls, each with a callout label indicating its HTML5 attribute or type:

- Name:** A text input field with the placeholder text "Enter your name". Callout: "placeholder attribute".
- E-Mail:** A text input field. Callout: "input type email".
- Phone:** A text input field. Callout: "input type tel".
- Website:** A text input field. Callout: "input type url".
- Birthdate:** A date input field. Callout: "input type date".
- Quantity Attending:** A number input field. Callout: "input type number".
- Pattem:** A text input field with the value "123456". Callout: "pattern attribute".
- Range:** A range input field. Callout: "input type range".
- Hair color:** A color input field. Callout: "input type color".
- Select photo images:** A file input field with an "Add files" button. Callout: "input type file".
- Search:** A search input field. Callout: "input type search".
- Submit:** A submit button.

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

STUDENT REGISTRATION FORM

FIRST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																										
LAST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																										
DATE OF BIRTH	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>																											
EMAIL ID	<input type="text"/>																											
MOBILE NUMBER	<input type="text"/>	(10 digit number)																										
GENDER	Male <input type="radio"/> Female <input type="radio"/>																											
ADDRESS	<input type="text"/>																											
CITY	<input type="text"/>	(max 30 characters a-z and A-Z)																										
PIN CODE	<input type="text"/>	(6 digit number)																										
STATE	<input type="text"/>	(max 30 characters a-z and A-Z)																										
COUNTRY	<input type="text" value="India"/>																											
HOBBIES	Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="checkbox"/> <input type="text"/>																											
QUALIFICATION	<table><thead><tr><th>Sl.No.</th><th>Examination</th><th>Board</th><th>Percentage</th><th>Year of Passing</th></tr></thead><tbody><tr><td>1</td><td>Class X</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>2</td><td>Class XII</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3</td><td>Graduation</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>4</td><td>Masters</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table> <div>(10 char max) (upto 2 decimal)</div>			Sl.No.	Examination	Board	Percentage	Year of Passing	1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>
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COURSES APPLIED FOR	BCA <input type="radio"/> B.Com <input type="radio"/> B.Sc <input type="radio"/> B.A <input type="radio"/>																											
	<input type="button" value="Submit"/> <input type="button" value="Reset"/>																											

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

Application Form

Personal details			
<input style="width: 100%;" type="text"/>			
First Name	<input style="width: 95%;" type="text"/>	Marital status	<input style="width: 95%;" type="text" value="Unmarried"/>
Middle Name	<input style="width: 95%;" type="text"/>	Date of Birth	<input style="width: 25%;" type="text" value="Date"/> <input style="width: 25%;" type="text" value="Month"/> <input style="width: 25%;" type="text" value="Year"/>
Surname	<input style="width: 95%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>
Gender	<input style="width: 95%;" type="text" value="-select-"/>	Mobile	<input style="width: 95%;" type="text"/>
Community	<input style="width: 95%;" type="text" value="select"/>	Alternate Mobile	<input style="width: 95%;" type="text"/>
Residential Address			
House Number	<input style="width: 95%;" type="text"/>	Mandal	<input style="width: 95%;" type="text" value="select"/>
Street Name	<input style="width: 95%;" type="text"/>	Municipality	<input style="width: 95%;" type="text" value="Guntur"/>
District	<input style="width: 95%;" type="text" value="East Godavari"/>	Village/Town/City	<input style="width: 95%;" type="text" value="kakinada"/>
Identification Marks			
Identification Marks1	<input style="width: 95%;" type="text"/>		
Identification Marks2	<input style="width: 95%;" type="text"/>		
Thumb Impression	<input style="width: 95%;" type="text"/>		
Name of Health Facility	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> AH <input type="checkbox"/> DHC		
Enrollment Under Disability Conditions			
1. Thalasemia Major	<input style="width: 95%;" type="text"/>		
2. Sickel cell Disease	<input style="width: 95%;" type="text"/>		
3. Severe Hemophilia	<input style="width: 95%;" type="text"/>		
Name	<input style="width: 95%;" type="text"/>	Contact Number	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Email Id	<input style="width: 95%;" type="text"/>
		<input style="width: 95%;" type="text"/>	

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

2

Children

2

Check-in Date

dd / mm / yyyy

Check-out Date

dd / mm / yyyy

Select Room Preference

Choose a Room from the List

Anything Else?

Tell us anything else that might be important.

Book The Rooms