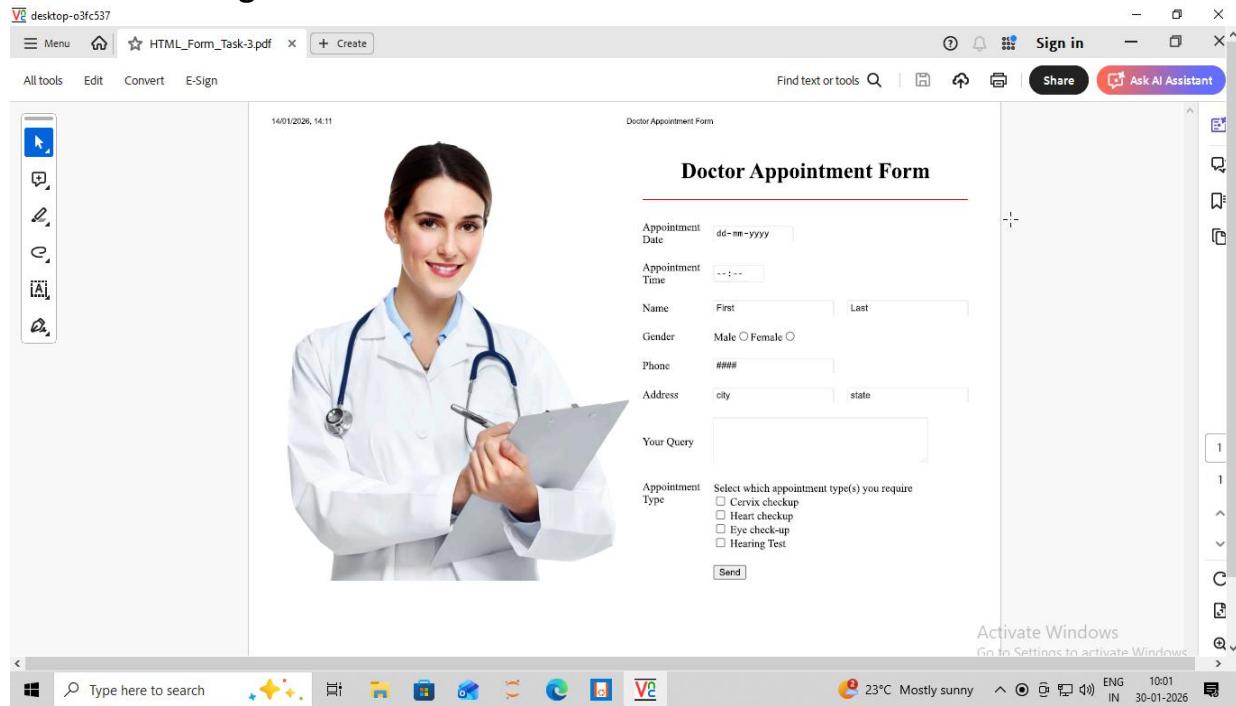


EXPERIMENT-07

1. TASK-07: Design this DOCTOR APPOINTMENT FORM



The screenshot shows a PDF document titled "Doctor Appointment Form" being edited in a software interface. The form contains the following fields:

- Appointment Date: dd-mm-yyyy
- Appointment Time: - : -
- Name: First _____ Last _____
- Gender: Male Female
- Phone: ####
- Address: city _____ state _____
- Your Query: _____
- Appointment Type: Select which appointment type(s) you require
 - Cervix checkup
 - Heart checkup
 - Eye check-up
 - Hearing Test
- Send: _____

The background of the form features a placeholder image of a female doctor in a white coat holding a clipboard.

```

<html>
  <head>
    <title>TASK-07[FINAL ONE]</title>
  </head>
  <body>
    <center>
      <form name="fm1" method="POST" action="">
        <table width="70%" height="800" border="0" cellpadding="10" cellspacing="0">
          <tr>
            <td rowspan="10" width="45%">
              
            </td>
            <td colspan="2">
              <h1 align="center">Doctor Appointment Form</h1>
              <hr color="red" width="100%" size="2">
            </td>
          </tr>
          <tr>
            <td width="10%">Appointment Date</td>
            <td width="30%"><input Type="text" placeholder="dd-mm-yy" size="9" ></td>
          </tr>
        </table>
      </form>
    </center>
  </body>
</html>

```

```

<tr>
<td>Appointment Time</td>
<td><input type="text" placeholder="--:--" size="2"></td>
</tr>

<tr>
<td>Name</td>
<td>
<input type="text" name="first_name" placeholder="First">&nbsp;&nbsp;&nbsp;
<input type="text" name="last_name" placeholder="Last">
</td>
</tr>

<tr>
<td>Gender</td>
<td>
    Male<input type="radio" name="gender">
    Female<input type="radio" name="gender">
</td>
</tr>

<tr>
<td>Phone</td>
<td><input type="tel" placeholder="#####"></td>
</tr>

<tr>
<td>Address</td>
<td>
<input type="text" name="state" placeholder="State">&nbsp;&nbsp;&nbsp;
<input type="text" name="city" placeholder="City">
</td>
</tr>

<tr>
<td>Your Query</td>
<td>
<textarea rows="4" cols="40"></textarea>
</td>
</tr>

<tr>
<td valign="top">Appointment Type</td>
<td valign="top">Select with Appointment type(s) you require<br>
<input type="checkbox" name="Cervix Checkup">Cervix Checkup<br>
<input type="checkbox" name="Heart Checkup">Heart Checkup<br>
<input type="checkbox" name="Eye Checkup">Eye Checkup<br>
<input type="checkbox" name="Hearing Test">Hearing Test
</td>
</tr>

```

```

<tr>
<td></td>
<td>
<input type="button" value="Send">
</td>
</tr>

</table>
</form>
</center>
</body>
</html>

```

Doctor Appointment Form



Appointment Date	<input style="width: 100%; height: 25px; border: 1px solid #ccc; padding: 2px 5px;" type="text"/> dd-mm-yy
Appointment Time	<input style="width: 100%; height: 25px; border: 1px solid #ccc; padding: 2px 5px;" type="text"/>
Name	<input style="width: 50%; height: 25px; border: 1px solid #ccc; padding: 2px 5px;" type="text"/> First <input style="width: 50%; height: 25px; border: 1px solid #ccc; padding: 2px 5px;" type="text"/> Last
Gender	Male <input type="radio"/> Female <input type="radio"/>
Phone	<input style="width: 100%; height: 25px; border: 1px solid #ccc; padding: 2px 5px;" type="text"/> #####
Address	<input style="width: 50%; height: 25px; border: 1px solid #ccc; padding: 2px 5px;" type="text"/> State <input style="width: 50%; height: 25px; border: 1px solid #ccc; padding: 2px 5px;" type="text"/> City
Your Query	<input style="width: 100%; height: 50px; border: 1px solid #ccc; padding: 5px;" type="text"/>
Appointment Type	Select with Appointment type(s) you require <input type="checkbox"/> Cervix Checkup <input type="checkbox"/> Heart Checkup <input type="checkbox"/> Eye Checkup <input type="checkbox"/> Hearing Test

2. TASK-08: Design this APPLICATION FORM

The screenshot shows a web browser window with multiple tabs open. The active tab displays an application form titled "APPLICATION FORM". The form is divided into three main sections: "Personal Details", "Contact Details", and "Qualification Details".

Personal Details: Fields include "Applicant's full name" (dropdown), "Care Of" (radio buttons: Parents or Guardian), "Father's Name" (dropdown), "Mother's Name" (dropdown), "Gender" (radio buttons: Male, Female, Others), "Date of Birth" (date input), "Marital Status" (dropdown), "Category" (dropdown), "Handicapped" (radio buttons: No, Yes), "Ex-Serviceman" (radio buttons: No, Yes), "EWS" (radio buttons: No, Yes), and "Religion" (dropdown).

Contact Details: Fields include "Mobile Number" (input), "Email ID" (input), "Address Line 1" (input), "Address Line 2" (input), "City" (input), "State" (dropdown), and "Pin Code" (input).

Qualification Details: A table with columns: Sr No., Qualification, Board/University, Passing Year, Max Marks, Marks Obtain, and Percentage. The table currently has one row.

The screenshot shows a web browser window with multiple tabs open. The active tab displays an application form with several sections.

Qualification Details: A table with columns: Sr No., Qualification, Board/University, Passing Year, Max Marks, Marks Obtain, and Percentage. The table currently has one row.

Application Form: A table with four rows, each containing a dropdown menu and five empty input fields.

Language Knowledge: A table with columns: Language (Hindi, English, Urdu), Reading (checkboxes), Writing (checkboxes), and Spoken (checkboxes).

Identification Details: Fields include "Aadhar Card Number" (input), "PAN Card Number" (input), "Upload Photo" (button: Choose file, No file chosen), and "Upload Signature" (button: Choose file, No file chosen).

Footer: Buttons for "Submit" and "Back".

```

<html>
  <head>
    <title>TASK-08[FINAL ONE]</title>
  </head>

  <body>

    <center>
      <h1>APPLICATION FORM</h1>
    </center>

    <center>
      <form>
        <table width="850" border="0" height="300">
          <tr>
            <td>
              <fieldset>
                <legend>Personal Details</legend>
                <table width="850" border="0" cellpadding="8" cellspacing="0">

                  <tr>
                    <td width="10%">Applicant's<br>Full Name</td>
                    <td width="20%">
                      <select>
                        <option>--Select--</option>
                        <option>Mr.</option>
                        <option>Ms.</option>
                        <option>Mrs.</option>
                      </select>
                      <br>
                      <input type="text">
                    </td>

                    <td width="10%">Care Of</td>
                    <td width="20%">
                      Parents<input type="radio" name="careof">
                      Guardian<input type="radio" name="careof">
                    </td>
                  </tr>

                  <tr>
                    <td>Father's<br>Name</td>
                    <td>
                      <select>
                        <option>Mr.</option>
                        <option>Dr.</option>
                      </select>
                      <br>
                      <input type="text">
                    </td>
                  </tr>
                </table>
              </fieldset>
            </td>
          </tr>
        </table>
      </form>
    </center>
  </body>

```

```

<td>Mother's<br>Name</td>
<td>
<select>
<option>Mrs.</option>
<option>Ms.</option>
<option>Dr.</option>
</select>
<br>
<input type="text">
</td>
</tr>

<tr>
<td>Gender</td>
<td>
    Male <input type="radio" name="gender">
    Female <input type="radio" name="gender">
    Others <input type="radio" name="gender">
</td>

<td>Date<br>of Birth</td>
<td>
    <input type="date">
</td>
</tr>

<tr>
<td>Marital<br>Status</td>
<td>
<select>
<option>--Select--</option>
<option>Married</option>
<option>Un-Married</option>
</select>
</td>

<td>Category</td>
<td>
<select>
<option>--Select--</option>
<option>Gen</option>
<option>OBC</option>
<option>SC/ST</option>
</select>
</td>
</tr>

<tr>
<td>Handicapped</td>
<td>
    No <input type="radio" name="handicapped">

```

```

        Yes <input type="radio" name="handicapped">
      </td>

      <td>Ex-<br>Serviceman</td>
      <td>
        No <input type="radio" name="exservice">
        Yes <input type="radio" name="exservice">
      </td>
    </tr>

    <tr>
      <td>EWS</td>
      <td>
        No <input type="radio" name="ews">
        Yes <input type="radio" name="ews">
      </td>

      <td>Religion</td>
      <td>
        <select>
          <option>--Select--</option>
          <option>Hindu</option>
          <option>Christian</option>
          <option>Sikh</option>
          <option>Jain</option>
        </select>
      </td>
    </tr>
  </table>
</fieldset>
</td>
</tr>
</table>

<br>

<table width="800" border="0">
  <tr><td>
    <fieldset>
      <legend>Contact Details</legend>
      <table width="800" border="0" cellpadding="5" cellspacing="0">
        <tr>
          <td width="20%">Mobile<br>Number</td>
          <td width="30%"><input type="tel"></td>

          <td width="20%">Email ID</td>
          <td width="30%"><input type="text"></td>
        </tr>
      </table>
    </fieldset>
  </td>
</tr>

```

```

<tr>
    <td colspan="4"></td>
</tr>

<tr>
    <td>Address<br>Line 1</td>
    <td><input type="text" size="40"></td>

    <td>Address<br>Line 2</td>
    <td><input type="text" size="40"></td>
</tr>

<tr>
    <td colspan="4"></td>
</tr>

<tr>
    <td>City</td>
    <td><input type="text"></td>

    <td>State</td>
    <td>
        <select>
            <option>--Select--</option>
            <option>Odisha</option>
            <option>Delhi</option>
            <option>Maharashtra</option>
            <option>West Bengal</option>
        </select>
    </td>
</tr>

<tr>
    <td colspan="4"></td>
</tr>

<tr>
    <td>Pin Code</td>
    <td><input type="tel"></td>
    <td></td>
    <td></td>
</tr>
</table>
</fieldset>
</td>
</tr>
</table>

<br>

```

```

<table width="1200" border="0" align="right">
<tr>
<td>
<fieldset>
<legend>Qualification Details</legend>
<table width="900" border="0" cellpadding="5" cellspacing="0">
<tr align="center">
<th>Sr No.</th>
<th>Qualification</th>
<th>Board/University</th>
<th>Passing Year</th>
<th>Max Marks</th>
<th>Marks Obtain</th>
<th>Percentage</th>
</tr>

<tr align="center">
<td>1</td>
<td>
<select>
<option>--Select--</option>
<option>10th</option>
<option>12th</option>
<option>Diploma</option>
<option>Graduation</option>
</select>
</td>
<td><input type="text"></td>
<td><input type="text"></td>
<td><input type="text"></td>
<td><input type="text"></td>
<td><input type="text"></td>
</tr>

<tr align="center">
<td>2</td>
<td>
<select>
<option>--Select--</option>
<option>10th</option>
<option>12th</option>
<option>Diploma</option>
<option>Graduation</option>
</select>
</td>
<td><input type="text"></td>
<td><input type="text"></td>
<td><input type="text"></td>
<td><input type="text"></td>
<td><input type="text"></td>
</tr>

```

```

<tr align="center">
    <td>3</td>
    <td>
        <select>
            <option>--Select--</option>
            <option>10th</option>
            <option>12th</option>
            <option>Diploma</option>
            <option>Graduation</option>
        </select>
    </td>
    <td><input type="text"></td>
    <td><input type="text"></td>
    <td><input type="text"></td>
    <td><input type="text"></td>
    <td><input type="text"></td>
</tr>

<tr align="center">
    <td>4</td>
    <td>
        <select>
            <option>--Select--</option>
            <option>10th</option>
            <option>12th</option>
            <option>Diploma</option>
            <option>Graduation</option>
        </select>
    </td>
    <td><input type="text"></td>
    <td><input type="text"></td>
    <td><input type="text"></td>
    <td><input type="text"></td>
    <td><input type="text"></td>
</tr>
</table>
</fieldset>
</td>
</tr>
</table>

<br>

```

```

<table width="900" border="0">
  <tr>
    <td>
      <fieldset>
        <legend>Language Knowledge</legend>
        <table width="700" border="0" cellpadding="5" cellspacing="0">
          <tr align="center">
            <td>Language</td>
            <td>Reading</td>
            <td>Writing</td>
            <td>Spoken</td>
          </tr>
          <tr align="center">
            <td>Hindi</td>
            <td><input type="checkbox"></td>
            <td><input type="checkbox"></td>
            <td><input type="checkbox"></td>
          </tr>
          <tr align="center">
            <td>English</td>
            <td><input type="checkbox"></td>
            <td><input type="checkbox"></td>
            <td><input type="checkbox"></td>
          </tr>
          <tr align="center">
            <td>Urdu</td>
            <td><input type="checkbox"></td>
            <td><input type="checkbox"></td>
            <td><input type="checkbox"></td>
          </tr>
        </table>
      </fieldset>
    </td>
  </tr>
</table>

<br>

<table width="850" border="0">
  <tr>
    <td>
      <fieldset>
        <legend>Identification Details</legend>
        <table width="850" border="0" cellpadding="5" cellspacing="0">
          <tr>
            <td width="20%>">Aadhar<br>Card<br>Number</td>
            <td width="30%><input type="text"></td>

            <td width="20%>">PAN<br>Card<br>Number</td>
            <td width="30%><input type="text"></td>
          </tr>
        </table>
      </fieldset>
    </td>
  </tr>
</table>

```

```
<tr>
<td colspan="4"></td>
</tr>

<tr>
<td>Upload<br>Photo</td>
<td><input type="file"></td>

<td>Upload<br>Signature</td>
<td><input type="file"></td>
</tr>
</table>
</fieldset>
</td>
</tr>
</table>

<br>

<input type="submit" value="Submit">
<input type="button" value="Back">

</form>
</center>

</body>
</html>
```

APPLICATION FORM

Personal Details						
Applicant's Full Name	<input type="text"/>		Care Of	Parents <input type="radio"/> Guardian <input type="radio"/>		
Father's Name	<input type="text"/>	Mr. <input type="radio"/>	Mother's Name	<input type="text"/>		
Gender	Male <input type="radio"/> Female <input type="radio"/> Others <input type="radio"/>		Date of Birth	<input type="text"/> mm/dd/yyyy		
Marital Status	<input type="text"/>		Category	<input type="text"/>		
Handicapped	No <input type="radio"/> Yes <input type="radio"/>		Ex-Serviceman	No <input type="radio"/> Yes <input type="radio"/>		
EWS	No <input type="radio"/> Yes <input type="radio"/>		Religion	<input type="text"/>		
Contact Details						
Mobile Number	<input type="text"/>		Email ID	<input type="text"/>		
Address Line 1	<input type="text"/>		Address Line 2	<input type="text"/>		
City	<input type="text"/>		State	<input type="text"/>		
Pin Code	<input type="text"/>					
Qualification Details						
Sr No.	Qualification	Board/University	Passing Year	Max Marks	Marks Obtain	Percentage
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Language Knowledge						
Language	Reading	Writing	Spoken			
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Identification Details						
Aadhar Card Number	<input type="text"/>		PAN Card Number	<input type="text"/>		
Upload Photo	<input type="button" value="Choose File"/> No file chosen		Upload Signature	<input type="button" value="Choose File"/> No file chosen		