

EXPERIMENT-07

1. TASK-07: Design this DOCTOR APPOINTMENT FORM

```
<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>
```



```

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

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

```



Doctor Appointment Form

Appointment Date	<input type="text" value="dd-mm-yy"/>
Appointment Time	<input type="text" value="--:--"/>
Name	<input type="text" value="First"/> <input type="text" value="Last"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>
Phone	<input type="text" value="#####"/>
Address	<input type="text" value="State"/> <input type="text" value="City"/>
Your Query	<input 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
	<input type="button" value="Send"/>

2. TASK-08: Design this APPLICATION FORM

14/01/2026, 14:12

APPLICATION FORM

Personal Details

Applicant's full name Care Of Parents ☒ Guardian ☐

Father's Name Mother's Name

Gender ☐ Male ☐ Female ☐ Others ☐ Date of Birth dd-mm-yyyy

Marital Status Category

Handicapped ☐ No ☒ Yes ☐ Ex-Serviceman ☐ No ☒ Yes ☐

EWS ☐ No ☒ Yes ☐ Religion

Contact Details

Mobile Number Email ID

Address Line 1 Address Line 2

City State

Pin Code

Qualification Details

Sr No.	Qualification	Board/University	Passing Year	Max Marks	Marks Obtain	Percentage
--------	---------------	------------------	--------------	-----------	--------------	------------

14/01/2026, 14:12

14/01/2026, 14:12

APPLICATION FORM

Pin Code

Qualification Details

Sr No.	Qualification	Board/University	Passing Year	Max Marks	Marks Obtain	Percentage
--------	---------------	------------------	--------------	-----------	--------------	------------

14/01/2026, 14:12

APPLICATION FORM

1

2

3

4

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 PAN Card Number

Upload Photo Upload Signature

Submit 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>

```

```

<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>
</table>

```

```

<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	Mr. <input type="text"/>	Mother's Name	Mrs. <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