

Name : Sahil Saini Salaria
Reg N o : 180905048
Roll No. 11C
Batch C1

Q1

```
<!DOCTYPE html>
<html lang="en">
<head>
  <link rel="stylesheet" href="q1.css">
  <title>Document</title>
</head>
<body>

<script src="https://cdn.freecodecamp.org/testable-projects-fcc/v1/bundle.js"></script>

<h1 id="title">Bio Data Form</h1>
<div id="form-outer">

  <form id="survey-form" method="GET" action="">
    <div class="rowTab">
      <div class="labels">
        <label id="name-label" for="name">Name: </label>
      </div>
      <div class="rightTab">
        <input autofocus type="text" name="name" id="name" class="input-field" placeholder="Enter
your name" required>
      </div>
    </div>

    <div class="rowTab">
      <div class="labels">
        <label id="fname-label" for="fname">Father's Name: </label>
      </div>
      <div class="rightTab">
        <input autofocus type="text" name="fname" id="fname" class="input-field"
placeholder="Enter your father's name" required>
      </div>
    </div>

    <div class="rowTab">
      <div class="labels">
        <label id="mname-label" for="mname">Mother's Name: </label>
      </div>
      <div class="rightTab">
        <input autofocus type="text" name="mname" id="mname" class="input-field"
placeholder="Enter your mother's name" required>
      </div>
    </div>
  </form>
</div>
```

</div>

<div class="rowTab">

<div class="labels">

<label id="email-label" for="email">Email: </label>

</div>

<div class="rightTab">

<input type="email" name="email" id="email" class="input-field" required
placeholder="Enter your Email">

</div>

</div>

<div class="rowTab">

<div class="labels">

<label id="number-label" for="age">Age: </label>

</div>

<div class="rightTab">

<input type="number" name="age" id="number" min="1" max="125" class="input-field"
placeholder="Age" required>

</div>

</div>

<div class="rowTab">

<div class="labels">

<label id="dob-label" for="dob">D.O.B: </label>

</div>

<div class="rightTab">

<input type="date" name="dob" id="iddob" class="input-field" required>

</div>

</div>

<div class="rowTab">

<div class="labels">

<label for="department">Department: </label>

</div>

<div class="rightTab">

<select id="dropdown" name="department" class="dropdown">

<option disabled value>Select an option</option>

<option value="it">IT</option>

<option value="cse">CSE</option>

<option value="ece">ECE</option>

<option value="mech">MECH</option>

<option value="civil">CIVIL</option>

<option value="other">Other</option>

</select>

</div>

</div>

<div class="rowTab">

<div class="labels">

<label for="gender">Gender: </label>

</div>

<div class="rightTab">

```

        <ul style="list-style: none;">
            <li class="radio"><label><input name="radio-buttons" value="male" type="radio"
class="userRatings" >Male</label></li>
            <li class="radio"><label><input name="radio-buttons" value="female" type="radio"
class="userRatings" >Female</label></li>
            <li class="radio"><label><input name="radio-buttons" value="others" type="radio"
class="userRatings" >Others</label></li>
        </ul>
    </div>
</div>
<div class="rowTab">
    <div class="labels">
        <label for="address">Address: </label>
    </div>
    <div class="rightTab">
        <textarea id="comments" class="input-field" style="height:50px;resize:vertical;"
name="address" placeholder="Enter your address here..."></textarea>
    </div>
</div>
<div class="rowTab">

```

```

    <div class="rowTab">
    <div class="labels">
        <label for="language">Language Known: </label>
    </div>
    <div class="rightTab">
        <ul id="language" style="list-style: none;">
            <li class="checkbox"><label><input name="prefer" value="english" type="checkbox"
class="userRatings">English</label></li>
            <li class="checkbox"><label><input name="prefer" value="tamil" type="checkbox"
class="userRatings">Tamil</label></li>
            <li class="checkbox"><label><input name="prefer" value="hindi" type="checkbox"
class="userRatings">Hindi</label></li>
            <li class="checkbox"><label><input name="prefer" value="malayalam" type="checkbox"
class="userRatings">Malayalam</label></li>
            <li class="checkbox"><label><input name="prefer" value="kannada" type="checkbox"
class="userRatings">Kannada</label></li>
            <li class="checkbox"><label><input name="prefer" value="telugu" type="checkbox"
class="userRatings">Telugu</label></li>
            <li class="checkbox"><label><input name="prefer" value="others" type="checkbox"
class="userRatings">Others</label></li>
        </ul>
    </div>
</div>
<table class="table table-dark">
    <thead>
        <tr>
            <th scope="col"></th>
            <th scope="col">FirstSem GPA</th>
            <th scope="col">Second Sem Gpa</th>

```

```

        <th scope="col">Third Sem GPA</th>
    </tr>
</thead>
<tbody>
    <tr>
        <th scope="row">1</th>
        <td><input type="text" name="gpa"></td>
        <td><input type="text" name="gpa"></td>
        <td><input type="text" name="gpa"></td>
    </tr>

</tbody>
</table>

    <button id="submit" type="submit">Submit</button>
</form>
</div>

</body>
</html>

```

CSS:

```
@import url(https://fonts.googleapis.com/css?family=Raleway:400,500);
```

```

html,
body {
    background-color: #00bfff;
    text-align: center;
    font-family: 'Raleway', Helvetica, sans-serif;
    min-width: 320px;
}

```

```

header {
    font-size: 2em;
    font-weight: bold;
    margin: 20px;
}

```

```

#form-outer {
    background-color: rgb(250, 250, 250);
    margin: 0 auto;
    border-radius: 4px;
    width: 75%;
    max-width: 900px;
    padding: 10px;
    padding-top: 20px;
}

```

```
.labels {
```

```
display: inline-block;
text-align: right;
width: 40%;
padding: 5px;
vertical-align: top;
margin-top: 10px;
}
```

```
.rightTab {
display: inline-block;
text-align: left;
width: 48%;
vertical-align: middle;
}
```

```
.input-field {
height: 20px;
width: 280px;
padding: 5px;
margin: 10px;
border: 1px solid #c0c0c0;
border-radius: 2px;
}
```

```
#userAge {
width: 40px;
}
```

```
.userRatings,
input[type="checkbox"] {
float: left;
margin-right: 5px;
}
```

```
#submit {
background-color: #1a8cff;
border-radius: 4px;
color: white;
font-size: 1em;
height: 40px;
width: 96px;
margin: 10px;
border: 0px solid;
}
```

```
#reset {
background-color: #1a8cff;
border-radius: 4px;
color: white;
font-size: 1em;
height: 40px;
width: 96px;
```

```
margin: 10px;
border: 0px solid;
}
.dropdown {
height: 35px;
width: 140px;
padding: 5px;
margin: 10px;
margin-top: 15px;
border: 1px solid #c0c0c0;
border-radius: 2px;
}

.radio, .checkbox {
position: relative;
left: -43px;
margin-left: 10px;
display: block;
padding-bottom: 10px;
}

@media screen and (max-width: 833px) {
.input-field {
width: 80%;
}
select {
width: 90%;
}
}

@media screen and (max-width: 520px) {
.labels {
width: 100%;
text-align: left;
}
.rightTab {
width: 80%;
float: left;
}
.input-field {
width: 100%;
}
select {
width: 100%;
}
}
```

Output::

Document — Mozilla Firefox

Document

127.0.0.1:5500/q1 (3).html

Bio Data Form

Name:

Father's Name:

Mother's Name:

Email:

Age:

DOB:

Department:

Gender: ☐ Male
☐ Female
☐ Others

Address:

Document — Mozilla Firefox

Document

127.0.0.1:5500/q1 (3).html

DOB:

Department:

Gender: ☐ Male
☐ Female
☐ Others

Address:

Language Known: ☐ English
☐ Tamil
☐ Hindi
☐ Malayalam
☐ Kannada
☐ Telugu
☐ Others

FirstSem GPA Second Sem Gpa Third Sem GPA

Q2

```
<!DOCTYPE html>
<html lang="en">
<head>
  <title>Bootstrap Example</title>
  <meta charset="utf-8" />
  <meta content="width=device-width, initial-scale=1" name="viewport" />
```

```

<link
  href="https://maxcdn.bootstrapcdn.com/bootstrap/4.4.1/css/bootstrap.min.css"
  rel="stylesheet"
/>
<script src="https://ajax.googleapis.com/ajax/libs/jquery/3.4.1/jquery.min.js"></script>
<script src="https://cdnjs.cloudflare.com/ajax/libs/popper.js/1.16.0/umd/popper.min.js"></script>
<script src="https://maxcdn.bootstrapcdn.com/bootstrap/4.4.1/js/bootstrap.min.js"></script>
<script
  src="https://code.jquery.com/jquery-3.5.1.slim.min.js"
  integrity="sha256-4+XzXVhsDmqanXGHaHvgh1gMQKX40OUvDEBTu8JcmNs="
  crossorigin="anonymous"
></script>
<script type="text/javascript">
  var name = "",
      email = "";

  $(document).ready(function () {
    $("#btnSubmit").click(function () {
      name = $("#nameinput").val();
      email = $("#emailinput").val();

      $("#nameval").text("Name: " + name);
      $("#emailval").text("Email: " + email);

      $("#nameupdate").val(name);
      $("#emailupdate").val(email);
    });

    $("#btnRead").click(() => {
      $("#readname").text(name);
      $("#reademail").text(email);
    });

    $("#btnUpdate").click(function () {
      name = $("#nameupdate").val();
      email = $("#emailupdate").val();

      $("#nameval").text("Name: " + name);
      $("#emailval").text("Email: " + email);

      $("#nameupdate").val(name);
      $("#emailupdate").val(email);
    });

    $("#btnDelete").click(() => {
      name = "";
      email = "";

      $("#readname").text("");
      $("#reademail").text("");
      $("#nameinput").val("");
      $("#emailinput").val("");
    });
  });

```



```

<table class="table">
  <thead>
    <tr>
      <th scope="col">Name</th>
      <th scope="col">Email</th>
    </tr>
  </thead>
  <tbody>
    <tr>
      <td id="readname"></td>
      <td id="reademail"></td>
    </tr>
  </tbody>
</table>
</div>
<h3>Update</h3>
<div class="container" id="data">
  <form>
    <div class="form-group">
      <label for="exampleInputEmail1">Name</label>
      <input
        type="text"
        class="form-control"
        id="nameupdate"
        aria-describedby="emailHelp"
        placeholder=""
      />
    </div>
    <div class="form-group">
      <label for="exampleInputEmail1">Email</label>
      <input
        type="text"
        class="form-control"
        id="emailupdate"
        aria-describedby="emailHelp"
        placeholder=""
      />
    </div>
    <input
      type="button"
      class="btn btn-success btnSeccion"
      id="btnUpdate"
      value="Update"
    />
  </form>
</div>
<br />
<h3>Delete</h3>
<input
  type="button"
  class="btn btn-success btnSeccion"
  id="btnDelete"

```

```

        value="Delete Data"
    />
    <br /><br />
</div>
</body>
</html>

```

Output:

Bootstrap Example — Mozilla Firefox

Bootstrap Example x +

127.0.0.1:5500/q2G (1).html

Create

Name

Email

Create

Data:

Name: Sahil Saini

Email: sahil@gmail.com

Read

Read Data

Name	Email
Sahil Saini	sahil@gmail.com

Update

Name

AFTER UPDATE:

Bootstrap Example — Mozilla Firefox

Bootstrap Example x +

127.0.0.1:5500/q2G (1).html

Create

Data:

Name: Sahil Saini SALARIA

Email: sahil@gmail.com

Read

Read Data

Name	Email
Sahil Saini	sahil@gmail.com

Update

Name

Email

Update

Delete

AFTER DELETE:

Read

Read Data

Name	Email
------	-------

Update

Name

Email

Update

Delete

Delete Data

Q3

```
<html lang="en">
<head>
<meta charset="UTF-8" />
<meta http-equiv="X-UA-Compatible" content="IE=edge" />
<meta name="viewport" content="width=device-width, initial-scale=1.0" />

<!-- Latest compiled and minified CSS -->
<link
rel="stylesheet"
href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.7/css/bootstrap.min.css"
integrity="sha384-
BVYiISiFeK1dGmJRAkycuHAHRg32OmUcww7on3RYdg4Va+PmSTsz/K68vbdEjh4u"
crossorigin="anonymous"
/>

<title>Document</title>
</head>

<body style="background-color: #a1cae2;">
<div class="container">
<div class="row">
<div class="col-sm-6">
<p style="font-size: 130%; font-weight: bold">Login</p>
<input
type="email"
class="form-control"
placeholder="Enter email"
id="email"
style="margin-bottom: 2%; margin-top: 2%"
/>
<input
type="password"
```

```
class="form-control"
placeholder="Enter password"
id="pwd"
style="margin-bottom: 2%; margin-top: 2%"
/>
<input
class="form-check-input"
type="checkbox"
style="margin-bottom: 2%; margin-top: 2%"
/>
Remember me
</div>
<div class="col-sm-6">

</div>
</div>
```

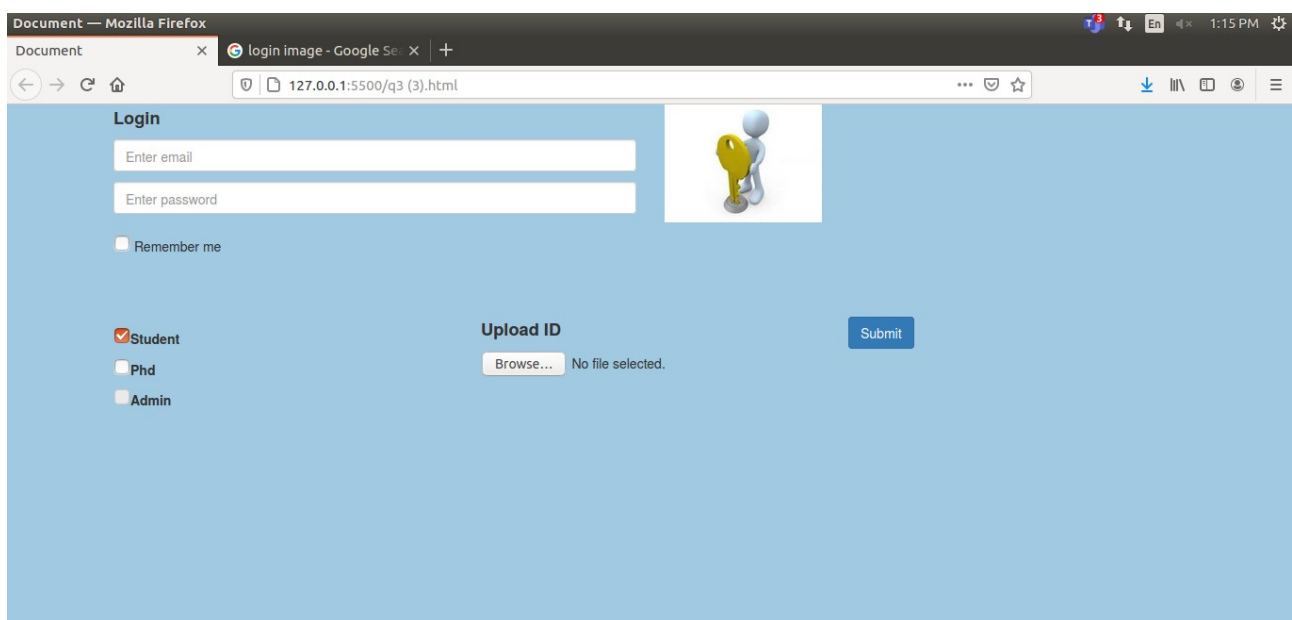
```
<div class="row" style="margin-top: 5%">
<div class="col-sm-4">
<form action="/action_page.php">
<div class="form-check">
<label
class="form-check-label"
for="check1"
style="margin-bottom: 2%; margin-top: 2%"
>
<input
type="checkbox"
class="form-check-input"
id="check1"
name="option1"
value="something"
checked
/>Student
</label>
</div>
<div class="form-check">
<label class="form-check-label" for="check2">
<input
type="checkbox"
class="form-check-input"
id="check2"
name="option2"
value="something"
/>Phd
</label>
</div>
<div class="form-check">
<label class="form-check-label">
<input type="checkbox" class="form-check-input" disabled />Admin
</label>
</div>
```

```

</form>
</div>
<div class="col-sm-4">
<p style="font-size: 130%; font-weight: bold">Upload ID</p>
<form action="/action_page.php">
<input type="file" id="myFile" name="filename" />
</form>
</div>
<div class="col-sm-4">
<button type="submit" class="btn btn-primary">Submit</button>
</div>
</div>
</div>
</body>
</html>

```

Output:



Q4

```

<!DOCTYPE html>
<html lang="en">
<head>
  <link rel="stylesheet"
href="https://stackpath.bootstrapcdn.com/bootstrap/4.1.3/css/bootstrap.min.css" integrity="sha384-
MCw98/SFnGE8fJT3GXwEOngsV7Zt27NXFoaoApmYm81iuXoPkFOJwJ8ERdknLPMO"
crossorigin="anonymous">
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Document</title>
</head>
<body style="background-color:bisque;">

```

```

<nav class="navbar navbar-expand-sm" style="background-color: green;">

    <!-- Links -->
    <ul class="navbar-nav" >
        <li class="nav-item">
            
        </li>
        <li class="nav-item">
            <a class="nav-link" href="#" style="color: black; font-size: larger;"> Section A</a>
        </li>
        <li class="nav-item">
            <a class="nav-link" href="#" style="color: black; font-size: larger;">Section B</a>
        </li>
        <li class="nav-item">
            <a class="nav-link" href="#" style="color: black; font-size: larger;">Section C</a>
        </li>
    </ul>

</nav>

```

```

<div id="carouselExampleControls" class="carousel slide" data-ride="carousel">
    <div class="carousel-inner">
        <div class="carousel-item active">

```

```

<table class="table table-bordered table-dark">
    <thead>
        <tr>
            <th scope="col"></th>
            <th></th>
            <th scope="col">8-10</th>
            <th scope="col">10-12</th>
            <th scope="col">12-2</th>
        </tr>
    </thead>
    <tbody>

        <tr>
            <th scope="row">1</th>
            <td>Monday</td>
            <td>DS</td>
            <td>PCAP</td>
            <td>IT Lab</td>
        </tr>
        <tr>
            <th scope="row">2</th>
            <td>Tuesday</td>
            <td>EEFM</td>
            <td>--</td>

```

```

        <td>OE-III</td>
    </tr>
    <tr>
        <th scope="row">3</th>
        <td>Wednesday</td>
        <td>PCAP</td>
        <td>DS Lab</td>
        <td>--</td>
    </tr>
    <tr>
        <th scope="row">3</th>
        <td>Thursday</td>
        <td>PE-II</td>
        <td>--</td>
        <td>PE-I</td>
    </tr>
    <tr>
        <th scope="row">3</th>
        <td>Friday</td>
        <td>DS</td>
        <td>PCAP Lab</td>
        <td>EEFM</td>
    </tr>
    <tr>
        <th scope="row">3</th>
        <td>Saturday</td>
        <td>--</td>
        <td>PE-II</td>
        <td>OE-III</td>
    </tr>
</tbody>
</table>
</div>
<div class="carousel-item">

    <table class="table table-bordered table-dark">
        <thead>
            <tr>
                <th scope="col"></th>
                <th></th>
                <th scope="col">8-10</th>
                <th scope="col">10-12</th>
                <th scope="col">12-2</th>
            </tr>
        </thead>
        <tbody>

            <tr>
                <th scope="row"></th>
                <td>Monday</td>
                <td>DS</td>
                <td>PCAP</td>

```



```

        <td>IT Lab</td>
    </tr>
    <tr>
        <th scope="row">2</th>
        <td>Tuesday</td>
        <td>EEFM</td>
        <td>--</td>
        <td>OE-III</td>
    </tr>
    <tr>
        <th scope="row">3</th>
        <td>Wednesday</td>
        <td>PCAP</td>
        <td>DS Lab</td>
        <td>--</td>
    </tr>
    <tr>
        <th scope="row">3</th>
        <td>Thursday</td>
        <td>PE-II</td>
        <td>--</td>
        <td>PE-I</td>
    </tr>
    <tr>
        <th scope="row">3</th>
        <td>Friday</td>
        <td>DS</td>
        <td>PCAP Lab</td>
        <td>EEFM</td>
    </tr>
    <tr>
        <th scope="row">3</th>
        <td>Saturday</td>
        <td>--</td>
        <td>PE-II</td>
        <td>OE-III</td>
    </tr>
</tbody>
</table>
</div>
<div class="carousel-item">

<table class="table table-bordered table-dark">
    <thead>
        <tr>
            <th scope="col"></th>
            <th></th>
            <th scope="col">8-10</th>
            <th scope="col">10-12</th>
            <th scope="col">12-2</th>
        </tr>
    </thead>

```

```
<tbody>
```

```
<tr>
```

```
<th scope="row"></th>
```

```
<td>Monday</td>
```

```
<td>DS</td>
```

```
<td>PCAP</td>
```

```
<td>IT Lab</td>
```

```
</tr>
```

```
<tr>
```

```
<th scope="row">2</th>
```

```
<td>Tuesday</td>
```

```
<td>EEFM</td>
```

```
<td>--</td>
```

```
<td>OE-III</td>
```

```
</tr>
```

```
<tr>
```

```
<th scope="row">3</th>
```

```
<td>Wednesday</td>
```

```
<td>PCAP</td>
```

```
<td>DS Lab</td>
```

```
<td>--</td>
```

```
</tr>
```

```
<tr>
```

```
<th scope="row">3</th>
```

```
<td>Thursday</td>
```

```
<td>PE-II</td>
```

```
<td>--</td>
```

```
<td>PE-I</td>
```

```
</tr>
```

```
<tr>
```

```
<th scope="row">3</th>
```

```
<td>Friday</td>
```

```
<td>DS</td>
```

```
<td>PCAP Lab</td>
```

```
<td>EEFM</td>
```

```
</tr>
```

```
<tr>
```

```
<th scope="row">3</th>
```

```
<td>Saturday</td>
```

```
<td>--</td>
```

```
<td>--</td>
```

```
<td>--</td>
```

```
</tr>
```

```
</tbody>
```

```
</table>
```

```
</div>
```

```
</div>
```

```
<a class="carousel-control-prev" href="#carouselExampleControls" role="button" data-slide="prev">
```

```
<span class="carousel-control-prev-icon" aria-hidden="true"></span>
```

```
<span class="sr-only">Previous</span>
```

Output:

Document — Mozilla Firefox

Document x

GitHub: Where the world of code meets | +

127.0.0.1:5500/Q4 (2).html

...


Download

Print

Fullscreen

Search

Menu



Section A

Section B

Section C

		8-10	10-12	12-2
1	Monday	DS	PCAP	IT Lab
2	Tuesday	EEFM	--	OE-III
3	◀ Wednesday	PCAP	DS Lab	-- ▶
3	Thursday	PE-II	--	PE-I
3	Friday	DS	PCAP Lab	EEFM
3	Saturday	--	PE-II	OE-III

////////////////////////////////////