

|                  |   |                |            |
|------------------|---|----------------|------------|
| <b>Ex. No. 2</b> | <b>Working with HTML5 Form and Media Elements</b> |                |            |
| Date of Exercise | 18-07-2016  | Date of Upload | 22-08-2016 |

## Aim

Build a site that conforms to HTML5 standards and has the following elements:

doctype, html, meta (in the revised html5 format), title, body, head, div, p, headings, image, anchor, table ,audio, video, iframe, form, input, select, progress, fieldset, label, html comment..

**Video URL :** <https://youtu.be/YMmIi5xZemU>

## Program

```
<!DOCTYPE html>

<html>

    <head>

        <meta charset="UTF-8">

        <meta name="viewport" content="width=device-width, initial-scale=1.0">

        <title>maybe</title>

    </head>

    <body>

        <header>

            <table>

                <tr align="center" wi>

                    <td width="40%"></td>

                    <td width="10%"></td>

                    <td width="10%"><h1>welcome</h1></td>

                    <td width="40%"></td>

                </tr>

            </table>

        </header>

        <hr>

        <table>

            <tr>
```

```

        <td width="25%" align="center"><a href="">Link 1</a></td>

        <td width="25%" align="center"><a href="">Link 2</a></td>

        <td width="25%" align="center"><a href="">Link 3</a></td>

        <td width="25%" align="center">|</td>

        <td width="25%" align="right"><input type="search" name="searchbox"
placeholder="Search"/></td>

    </tr>

</table>

<hr>

<table cellpadding="10%">

    <tr>

        <td width="50%">

            <video width="100%" height="70%" controls>

                <source src="vi.mp4" type="video/mp4">

                Your browser does not support the video tag

            </video>

        </td>

        <td width="50%">

            <p>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor
incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation
ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit
in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat
non proident, sunt in culpa qui officia deserunt mollit anim id est laborum. Lorem ipsum dolor
sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore
magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip
ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum
dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa
qui officia deserunt mollit anim id est laborum.</p>

            <audio controls loop="loop">

                <source src="audio.mp3" type="audio/mpeg">

            </audio>

        </td>

    </tr>

</table>

<hr>

<table cellpadding="10%">

    <tr>

        <td width="35%">

            <form action="exp2_2.htm" method="GET">

```

```

        <fieldset>

        <LEGEND>Sign up</LEGEND>

        <label>Username : <input type="text" placeholder="username"></label><br><br>

        <label>Password : <input type="text" placeholder="password"></label><br><br>

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

    </fieldset>

</form>

</td>

<td width="10%"></td>

<td width="30%">

    <h3>Contact us</h3>

    <p>Address line 1:</p>

    <p>Address line 2:</p>

    <p>Address line 3:</p>

    <p>Mail id: <a href="mailto:aaa@linux.org">aaa@linux.org</a></p>

    <p>Phone no: <a href="tel:+919999999999">(+91) (99999 99999)</a></p>

</td>

<td width="25%">

<div>

<iframe src="https://www.google.com/maps/embed?pb=!1m14!1m8!1m3!1d15669.439531477268!2d76.744061!
3d10.936164!3m2!1i1024!2i768!4f13.1!3m3!1m2!1s0x0%3A0xc650b8a75e7b51f0!2sKarunya+University!5e0!
3m2!1sen!2sin!4v1472366870720" width="400" height="300" frameborder="0" style="border:0"
allowfullscreen"></iframe>

</div>

</td>

</tr>

</table>

</body>

</html>

```

## 2<sup>nd</sup> page

```

<!DOCTYPE html>

<html>

<head>

    <meta charset="UTF-8">

```

```
<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Experiment 2_2</title>

</head>

<body>

    <form method="post" action="#">

        <h1>Submit Your Resume</h1>

        <fieldset>

            <legend>Personal Details</legend>

            <table>

                <tr>

                    <td> <label>*First Name: </label> </td>

                    <td> <input type="text" placeholder="Enter your first name" required> </td>

                </tr>

                <tr>

                    <td> <label>*Middle Name: </label> </td>

                    <td> <input type="text" placeholder="Enter your middlename" required> </td>

                </tr>

                <tr>

                    <td> <label>*Last Name: </label> </td>

                    <td> <input type="text" placeholder="Enter your last name" required></td>

                </tr>

                <tr>

                    <td> <label>Date of Birth: </label></td>

                    <td> <input type="date" name="bday"> </td>

                </tr>

                <tr>

                    <td> <label>Age in Years: </label> </td>

                    <td><input type="number" min="18" max="30" placeholder="<30 & >18"></td>

                </tr>

            </table>

        </fieldset>

    </form>

</body>
```

```
<tr>

  <td>  <label>Gender: </label> </td>

<td><input type="radio" name="gender" value="male" checked>Male
      <input type="radio" name="gender" value="female">Female

</td>

</tr>

</table>

</fieldset>

<br>

<progress value="20" max="100" style="width:500px; height:20px;"></progress>

<br>

<br>

<fieldset>

<legend>Address Details</legend>

  <table>

    <tr>

      <td>  <label>Address: </label></td>

      <td><textarea rows="4" cols="50"></textarea></td>

    </tr>

    <tr>

      <td>  <label>City/Town: </label> </td>

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

    </tr>

    <tr>

      <td><label>State: </label></td>

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

    </tr>

    <tr>
```

```

        <td>

            <label>Zip Code: </label>

        </td>

        <td>

            <input type="number" pattern="[0-9]{6}"
placeholder="Only 6 numbers">

        </td>

    </tr>

</table>

</fieldset>

<br><br>

<progress value="40" max="100" style="width:500px;
height:20px;"></progress>

<br><br>

<fieldset>

    <legend>Contact Information</legend>

    <table>

        <tr>

            <td>

                <label>Telephone: </label>

            </td>

            <td>

                <input type="number" pattern="([)][0-9]([)]
[0-9]{3}[-][0-9]{4}" placeholder="(044) 999-9999">

            </td>

        </tr>

        <tr>

            <td>

                <label>*Mobile: </label>

```

```

        </td>

        <td>

            <input type="number" pattern="[()][+][0-9]
{2}[]][0-9]{5}[-][0-9]{5}" placeholder="( +91) 99999-99999" required>

        </td>

    </tr>

    <tr>

        <td>

            <label>*Email: </label>

        </td>

        <td>

            <input type="email" placeholder="valid
email">

        </td>

    </tr>

    <tr>

        <td>

            <label>Website: </label>

        </td>

        <td><input type="url" placeholder="valid url">

        </td>

    </tr>

</table>

</fieldset>

<br><br>

<progress value="40" max="100" style="width:500px;
height:20px;"></progress>

<br><br>

<fieldset>

```

```
<legend>Education Details</legend>

<table border="1">

    <tr>

        <td>Qualification</td>

        <td>Board/Univeresity</td>

        <td>Country</td>

        <td>Starting Year</td>

        <td>Ending Year</td>

        <td>Percentage</td>

    </tr>

    <tr>

        <td>

            <input type="checkbox" name="option1"
value="10th" checked="checked">10th

        </td>

        <td>

            <input type="text"
placeholder="Board/University">

        </td>

        <td>

            <select>

                <option
value="Choose">Choose</option>

                <option value="India">India</option>

                <option value="USA">USA</option>

                <option value="UK">UK</option>

                <option value="Paris">Paris</option>

                <option
value="Canada">Canada</option>

            </select>

        </td>

        <td>
```



```

        <input type="date" name="startingyear">
    </td>
    <td>
        <input type="date" name="endingyear">
    </td>
    <td>
        <input type="number" min="0" max="100"
placeholder="70">
    </td>
</tr>
<tr>
    <td>
        <input type="checkbox" name="option2"
value="11th" checked="checked">11th
    </td>
    <td>
        <input type="text"
placeholder="Board/University">
    </td>
    <td>
        <select>
            <option
value="Choose">Choose</option>
            <option value="India">India</option>
            <option value="USA">USA</option>
            <option value="UK">UK</option>
            <option value="Paris">Paris</option>
            <option
value="Canada">Canada</option>
        </select>
    </td>
    <td>
```

```

        <input type="date" name="startingyear">
    </td>
    <td>
        <input type="date" name="endingyear">
    </td>
    <td>
        <input type="number" min="0" max="100"
placeholder="70">
    </td>
</tr>
<tr>
    <td>
        <input type="checkbox" name="option3"
value="B.Tech">B.Tech
    </td>
    <td>
        <input type="text"
placeholder="Board/University">
    </td>
    <td>
        <select>
            <option
value="Choose">Choose</option>
            <option value="India">India</option>
            <option value="USA">USA</option>
            <option value="UK">UK</option>
            <option value="Paris">Paris</option>
            <option
value="Canada">Canada</option>
        </select>
    </td>
    <td>

```

```

        <input type="date" name="startingyear">
    </td>
<td> <input type="date" name="endingyear"></td>
<td><input type="number" min="0" max="100" placeholder="70"></td>
</tr>
<tr>
<td><input type="checkbox" name="option4" value="M.Tech">M.Tech </td>
<td><input type="text" placeholder="Board/University"></td>
<td>
<select>
    <option value="Choose">Choose</option>
    <option value="India">India</option>
    <option value="USA">USA</option>
    <option value="UK">UK</option>
    <option value="Paris">Paris</option>
    <option
value="Canada">Canada</option>
</select>
</td>
<td>
    <input type="date" name="startingyear">
</td>
<td>
    <input type="date" name="endingyear">
</td>
<td>
    <input type="number" min="0" max="100"
placeholder="70">
</td>
</tr>
</table>

```

```
</fieldset>

<br><br>

<progress value="80" max="100" style="width:500px;
height:20px;"></progress>

<br>

<br><br>

<fieldset>

    Attach your resume in .doc or .pdf format: <input
type="file" name="resume" accept=".doc | .pdf"><br>

    <input type="checkbox" name="details" value="filled"
required>I filled all the details<br>

</fieldset>

<br><br>

<progress value="100" max="100" style="width:500px;
height:20px;"></progress>

<br>

<br><br>

<table align="center">

    <tr>

        <td>

            <input type="submit" name="" value="Submit">

        </td>

    </tr>


</table>

</form>

</body>

</html>
```

## Output



welcome

---

[Link 1](#)
[Link 2](#)
[Link 3](#)

Search

---



Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Sign up

Username :

Password :

**Contact us**

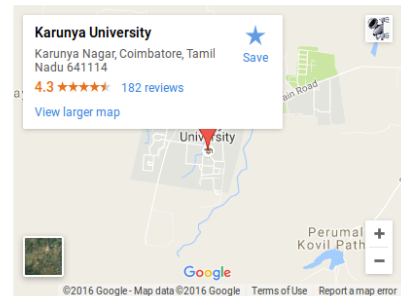
Address line 1:

Address line 2:

Address line 3:

Mail id: [aaa@linux.org](mailto:aaa@linux.org)

Phone no: [\(+91\) \(99999 99999\)](tel:+919999999999)

**Submit Your Resume**

Personal Details

\*First Name:

\*Middle Name:

\*Last Name:

Date of Birth:

Age in Years:

Gender: ☒ Male ☐ Female

---

Address Details

Address:

City/Town:

State:

Zip Code:

---

## Contact Information

Telephone: \*Mobile: \*Email: Website: 

## Education Details

| Qualification                            | Board/University                              | Country                             | Starting Year        | Ending Year          | Percentage                      |
|--|---|-------------------------------------|----------------------|----------------------|---------------------------------|
| <input checked="" type="checkbox"/> 10th | <input type="text" value="Board/University"/> | <input type="text" value="Choose"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="70"/> |
| <input checked="" type="checkbox"/> 11th | <input type="text" value="Board/University"/> | <input type="text" value="Choose"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="70"/> |
| <input type="checkbox"/> B.Tech          | <input type="text" value="Board/University"/> | <input type="text" value="Choose"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="70"/> |
| <input type="checkbox"/> M.Tech          | <input type="text" value="Board/University"/> | <input type="text" value="Choose"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="70"/> |

Attach your resume in .doc or .pdf format:  No file selected.☐ I filled all the details

## Result

The experiment has been successfully completed.

Staff : Mrs. Anitha Christy