

Programme	:	B.Tech.	Semester	:	Winter24-25
Course	:	BCSE203E: Web Programming Lab	Slot	:	TE1/TE2
Faculty	:	Dr. LM Jenila Livingston	Marks	:	10

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Register no: 23BCE5036

Exercise-4

Question1

Code:

```
<!DOCTYPE html>
<html lang="en">
    <meta charset="UTF-8">
     <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>HTML Form</title>
     <h2>Login</h2>
         <label for="password">Password*:</label><br><input type="password" id="password" name="password" required><br><br>
         <label>Gender*:</label><br>
         <input type="radio" id="male" name="gender" value="Male" required>
         <label for="male">Male</label><br>
         <input type="radio" id="female" name="gender" value="Female" required>
         <label for="female">Female</label><br><br>
         <label>Programming Skill:</label><br>
         <input type="checkbox" id="java" name="skill" value="Java">
<label for="java">Java</label>
         <input type="checkbox" id="cpp" name="skill" value="C++">
         <label for="cpp">C++</label>
<input type="checkbox" id="csharp" name="skill" value="C#">
         <label for="fruit">Fruit:</label><br>
<select id="fruit" name="fruit">
                  <option value="apple">Apples</option>
                  <option value="pear">Pears</option>
              <optgroup label="Citrus">
```

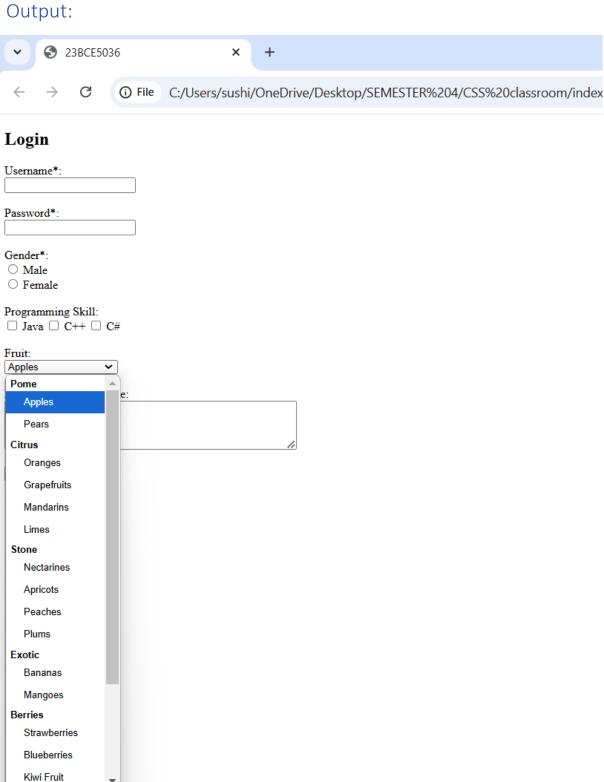
```
<optgroup label="Citrus">
         <option value="orange">Oranges</option>
         <option value="grapefruit">Grapefruits</option>
<option value="mandarins">Mandarins</option>
         <option value="lime">Limes</option>
    <optgroup label="Stone">
         <option value="nectarines">Nectarines</option>
         coption value="apricots">Apricots/option>
<option value="peaches">Peaches</option>
<option value="plums">Plums</option>
    <optgroup label="Berries">
         <option value="strawberries">Strawberries</option>
<option value="blueberries">Blueberries</option>
        <option value="passionfruit">Pasion Fruit</option>
         <option value="raspberries">Raspberries</option>
    <optgroup label="Melons">
        <option value="watermelon">Watermelon</option>
         <option value="rockmelon">Rockmelons</option>
<option value="honeydew">Honeydew Melons</option>
<label for="comment">Enter your comment here:</label><br>
<textarea id="comment" name="comment" rows="4" cols="50"></textarea><br><br>
```

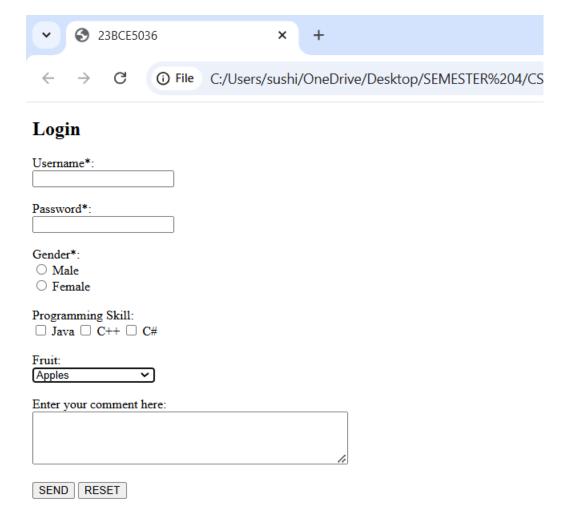
```
<label for="username">Username*:</label><br>
<input type="text" id="username" name="username" required><br><br>
<label for="password">Password*:</label><br>
<input type="password" id="password" name="password" required><br><br>
<label>Gender*:</label><br>
<input type="radio" id="male" name="gender" value="Male" required>
<label for="male">Male</label><br>
<input type="radio" id="female" name="gender" value="Female" required>
<label for="female">Female</label><br><br></r>
<label>Programming Skill:</label><br>
<input type="checkbox" id="java" name="skill" value="Java">
<label for="java">Java</label>
<input type="checkbox" id="cpp" name="skill" value="C++">
<label for="cpp">C++</label>
<input type="checkbox" id="csharp" name="skill" value="C#">
<label for="csharp">C#</label><br><br>
<label for="fruit">Fruit:</label><br>
<select id="fruit" name="fruit">
  <optgroup label="Pome">
    <option value="apple">Apples</option>
    <option value="pear">Pears</option>
  </optgroup>
  <optgroup label="Citrus">
    <option value="orange">Oranges</option>
    <option value="grapefruit">Grapefruits</option>
    <option value="mandarins">Mandarins
    <option value="lime">Limes</option>
```

```
</optgroup>
   <optgroup label="Stone">
     <option value="nectarines">Nectarines</option>
     <option value="apricots">Apricots
     <option value="peaches">Peaches
     <option value="plums">Plums</option>
   </optgroup>
   <optgroup label="Exotic">
     <option value="banana">Bananas
     <option value="mango">Mangoes
   </optgroup>
   <optgroup label="Berries">
     <option value="strawberries">Strawberries</option>
     <option value="blueberries">Blueberries</option>
     <option value="kiwifruit">Kiwi Fruit
     <option value="passionfruit">Pasion Fruit</option>
     <option value="raspberries">Raspberries</option>
   </optgroup>
   <optgroup label="Melons">
     <option value="watermelon">Watermelon</option>
     <option value="rockmelon">Rockmelons</option>
     <option value="honeydew">Honeydew Melons
   </optgroup>
 </select><br><br>
 <label for="comment">Enter your comment here:</label><br>
 <textarea id="comment" name="comment" rows="4" cols="50"></textarea><br><br>
 <button type="submit">SEND</button>
 <button type="reset">RESET</button>
</form>
```

```
</body>
```

</html>





Question-2

```
刘 Welcome
                                                     o index.html X

    index.html > 
    html > 
    head > 
    title

                       <!DOCTYPE html>
                        <html lang="en">
                                      <meta charset="UTF-8">
                                      <meta name="viewport" content="width=device-width, initial-scale=1.0">
                                                   h3 {
                                                                 color: ■red;
                                                    label {
                                                                 display: inline-block;
                                                                 width: 150px;
                                                                 margin-bottom: 10px;
                                     <h3>Personal Details</h3>
                                                    <label for="name">Name:</label>
                                                    <input type="text" id="name" name="name" required><br>
                                                    <label for="password">Password:</label>
                                                    <input type="password" id="password" name="password" required><br>
                                                    <label for="email">E-mail id:</label>
                                                    <input type="email" id="email" name="email" required><br>
                                                    <label>Gender:</label>
                                                    <input type="radio" id="male" name="gender" value="Male" required>
                                                  <label for="male" style="display:inline;">Male</label>
<input type="radio" id="female" name="gender" value="Female" required>
<label for="female" style="display:inline;">Female</label><br/>the control of the control of the
                                                    <label for="dob">DOB:</label>
                                                    <input type="date" id="dob" name="dob" required><br>
```

```
<input type="date" id="dob" name="dob" required><br>
        <label for="mobile">Mobile#:</label>
        <input type="tel" id="mobile" name="mobile" required><br>
        <h3>Educational Qualification</h3>
        <label for="degree">Degree:</label>
        <select id="degree" name="degree">
             <optgroup label="UG">
                 <option value="BE">BE</option>
                 <option value="BTech">BTech</option>
                 <option value="BSc">BSc</option>
                 <option value="BA">BA</option>
                 <option value="BCA">BCA</option>
                 <option value="BBA">BBA</option>
                 <option value="Others">Others
             </optgroup>
             <optgroup label="PG">
                 <option value="ME">ME</option>
                 <option value="MTech">MTech</option>
                 <option value="MSc">MSc</option>
                 <option value="MA">MA</option>
                 <option value="MCA">MCA</option>
                 <option value="MBA">MBA</option>
                 <option value="Others">Others</option>
             </optgroup>
             <optgroup label="PhD">
                 <option value="Engineering">Engineering</option>
                 <option value="Science">Science</option>
                 <option value="Management">Management</option>
                 <option value="Others">Others</option>
            </optgroup>
        </select><br>
       <label for="group">Engineering:</label>
       <select id="group" name="group">
           <option value="CSE">CSE</option>
           <option value="ECE">ECE</option>
           <option value="EEE">EEE</option>
           <option value="CIVIL">CIVIL</option>
           <option value="MECH">MECH</option>
       </select><br>
       <label>Hobbies:</label>
       <input type="checkbox" id="chess" name="hobby" value="Playing Chess">
       <label for="chess" style="display:inline;">Playing Chess</label>
       <input type="checkbox" id="books" name="hobby" value="Reading Books">
       <label for="books" style="display:inline;">Reading Books</label><br>
       <label for="color">Favourite Color:</label>
       <input type="color" id="color" name="color"><br>
       <label for="address">Address:</label><br>
       <textarea id="address" name="address" rows="4" cols="50"></textarea><br>
       <label for="resume">Attach Resume:</label>
       <input type="file" id="resume" name="resume"><br><br>
       <button type="submit">Submit
   </form>
</body>
```

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>23BCE5036</title>
  <style>
    h3 {
      color: red;
   }
    label {
      display: inline-block;
      width: 150px;
      margin-bottom: 10px;
   }
  </style>
</head>
<body>
  <h3>Personal Details</h3>
  <form>
    <label for="name">Name:</label>
    <input type="text" id="name" name="name" required><br>
    <label for="password">Password:</label>
    <input type="password" id="password" name="password" required><br>
    <label for="email">E-mail id:</label>
    <input type="email" id="email" name="email" required><br>
    <label>Gender:</label>
    <input type="radio" id="male" name="gender" value="Male" required>
```

```
<label for="male" style="display:inline;">Male</label>
<input type="radio" id="female" name="gender" value="Female" required>
<label for="female" style="display:inline;">Female</label><br>
<label for="dob">DOB:</label>
<input type="date" id="dob" name="dob" required><br>
<label for="mobile">Mobile#:</label>
<input type="tel" id="mobile" name="mobile" required><br>
<h3>Educational Qualification</h3>
<label for="degree">Degree:</label>
<select id="degree" name="degree">
 <optgroup label="UG">
   <option value="BE">BE</option>
    <option value="BTech">BTech</option>
   <option value="BSc">BSc</option>
   <option value="BA">BA</option>
   <option value="BCA">BCA</option>
   <option value="BBA">BBA</option>
   <option value="Others">Others
 </optgroup>
 <optgroup label="PG">
   <option value="ME">ME</option>
   <option value="MTech">MTech</option>
   <option value="MSc">MSc</option>
   <option value="MA">MA</option>
   <option value="MCA">MCA</option>
   <option value="MBA">MBA</option>
   <option value="Others">Others
 </optgroup>
```

```
<optgroup label="PhD">
    <option value="Engineering">Engineering</option>
    <option value="Science">Science</option>
    <option value="Management">Management
    <option value="Others">Others
  </optgroup>
</select><br>
<label for="group">Engineering:</label>
<select id="group" name="group">
  <option value="CSE">CSE</option>
  <option value="ECE">ECE</option>
  <option value="EEE">EEE</option>
  <option value="CIVIL">CIVIL</option>
  <option value="MECH">MECH</option>
</select><br>
<label>Hobbies:</label>
<input type="checkbox" id="chess" name="hobby" value="Playing Chess">
<label for="chess" style="display:inline;">Playing Chess</label>
<input type="checkbox" id="books" name="hobby" value="Reading Books">
<label for="books" style="display:inline;">Reading Books</label><br>
<label for="color">Favourite Color:</label>
<input type="color" id="color" name="color"><br>
<label for="address">Address:</label><br>
<textarea id="address" name="address" rows="4" cols="50"></textarea><br>
<label for="resume">Attach Resume:</label>
<input type="file" id="resume" name="resume"><br><br>
```

```
<br/>
```

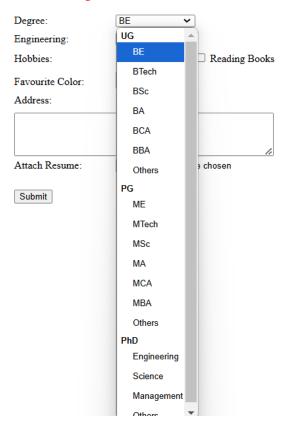
Output:

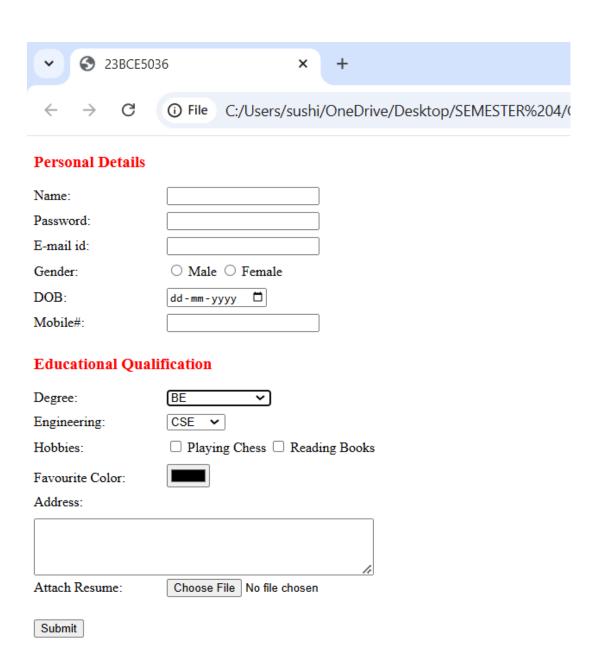


Personal Details



Educational Qualification





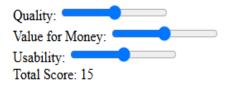
Question-3

Code:

```
<title>Feedback Form</title>
    <script>
       function updateTotal() {
           const quality = parseInt(document.getElementById("quality").value) || 0;
           const value = parseInt(document.getElementById("value").value) || 0;
           const usability = parseInt(document.getElementById("usability").value) || 0;
           document.getElementById("total").value = total;
</head>
   <h3>Product Feedback</h3>
    <form oninput="updateTotal()">
       <label for="quality">Quality:</label>
       <input type="range" id="quality" name="quality" min="0" max="10" value="5"><br>
       <label for="value">Value for Money:</label>
       <input type="range" id="value" name="value" min="0" max="10" value="5"><br>
       <label for="usability">Usability:</label>
       <input type="range" id="usability" name="usability" min="0" max="10" value="5"><br>
       <label for="total">Total Score:</label>
       <button type="submit">Submit
   </form>
```

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>23BCE5036 </title>
  <script>
    function updateTotal() {
      const quality = parseInt(document.getElementById("quality").value) | | 0;
      const value = parseInt(document.getElementById("value").value) | | 0;
      const usability = parseInt(document.getElementById("usability").value) | | 0;
      const total = quality + value + usability;
      document.getElementById("total").value = total;
    }
  </script>
</head>
<body>
```

```
<h3>Product Feedback</h3>
  <form oninput="updateTotal()">
    <label for="quality">Quality:</label>
    <input type="range" id="quality" name="quality" min="0" max="10" value="5"><br>
    <label for="value">Value for Money:</label>
    <input type="range" id="value" name="value" min="0" max="10" value="5"><br>
    <label for="usability">Usability:</label>
    <input type="range" id="usability" name="usability" min="0" max="10" value="5"><br>
    <label for="total">Total Score:</label>
    <output id="total">15</output><br><br>
    <button type="submit">Submit</button>
  </form>
</body>
</html>
           23BCE5036
                    (i) File C:/Users/sushi/OneDrive/Desktop/SEMESTER%2
Product Feedback
```



Submit