**Instructions: Please read carefully**

* Submit the file before **11:59pm on 21/10/2020** in your **github repository** in **Lab task 1 folder. If you cannot complete the full task, do not worry. Just upload what you have completed.**
* **You must upload a screenshot of each task also**
* You can take help from your class mate or internet but don’t copy from them. Its important for you to learn

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| --- |
| **1. Create a HTML structure for the following layout:** |
| **2. Create a HTML structure for any of your personal interest (e.g. Your CV/Personal website/Movie character/Cartoon character/Sportsman)** |

|  |
| --- |
| **HTML code here:**  <!DOCTYPE html>  <html lang="en">  <head>  <meta charset="UTF-8" />  <meta name="viewport" content="width=device-width, initial-scale=1.0" />  <meta http-equiv="X-UA-Compatible" content="ie=edge" />  <title>Lab 1 - HTML</title>  <style>  h3 {  color: red;  text-align: left;  }  tr>td:nth-child(1) {  text-align: right;  font-weight: bold;  }  tr>td>small {  font-weight: 100;  }  span {  color: red;  }  </style>  </head>  <body>  <p><span>\*</span>- Denotes Required Information</p>  <p>  <b>> 1 Donation&nbsp; &nbsp; &nbsp; </b> > 2 Confirmation &nbsp; &nbsp;  &nbsp;> Thank You!  </p>  <form action="loginSubmitted.php" method="post">  <table>  <tr>  <td>  <h3>Donor Information</h3>  </td>  <td></td>  </tr>  <tr>  <td>First name:<span>\*</span></td>  <td><input name="fName" type="text" /></td>  </tr>  <tr>  <td>Last name:<span>\*</span></td>  <td><input name="lName" type="text" /></td>  </tr>  <tr>  <td>Address 01:<span>\*</span></td>  <td><input name="add1" type="text" /></td>  </tr>  <tr>  <td>Address 02:<span>\*</span></td>  <td><input name="add2" type="text" /></td>  </tr>  <tr>  <td>City:<span>\*</span></td>  <td><input name="city" type="text" /></td>  </tr>  <tr>  <td>State:<span>\*</span></td>  <td>  <select name="state">  <option value="" selected> Select a state</option>  <option value="Dhaka"> Dhaka</option>  <option value="Kalkata"> Kalkata</option>  <option value="London"> London</option>  </select>  </td>  </tr>  <tr>  <td>Zip code:<span>\*</span></td>  <td><input name="zip" type="number" /></td>  </tr>  <tr>  <td>Country:<span>\*</span></td>  <td>  <select name="country">  <option value="" selected> Select a Country</option>  <option value="BD"> BD</option>  <option value="INDIA"> INDIA</option>  <option value="UK"> UK</option>  </select>  </td>  </tr>  <tr>  <td>Phone:</td>  <td><input name="phone" type="number" /></td>  </tr>  <tr>  <td>Fax:</td>  <td><input name="fax" type="text" /></td>  </tr>  <tr>  <td>Email:<span>\*</span></td>  <td><input name="email" type="email" /></td>  </tr>  <tr>  <td>Donation Amount:<span>\*</span></td>  <td>  <input type="radio" vlaue="" name="amount" checked /> None  <input type="radio" vlaue="50" name="amount" /> $50  <input type="radio" vlaue="75" name="amount" /> $75  <input type="radio" vlaue="100" name="amount" /> $100  <input type="radio" vlaue="250" name="amount" /> $250  <input type="radio" vlaue="other" name="amount" /> Other  </td>  </tr>  <tr>  <td><small>(Check a button or type in your amount)value  value  value</small></td>  <td><b>Other Amount $</b> <input name="customAmount" type="number" /></td>  </tr>  <tr>  <td><b>Recurring Donation</b></td>  <td>  <input name="monthlyBasis" type="checkbox" /> I am interested in giving on a regular  basis.  </td>  </tr>  <tr>  <td><small>(Check if yes)</small></td>  </tr>  <tr>  <td></td>  <td>  Monthly Credit Card $ <input name="perMonthAmount" type="text" /> For  <input name="forMonths" type="text" /> Months  </td>  </tr>  <tr>  <td>  <h3>  Honorarium and Memorial Donation Information  </h3>  </td>  <td></td>  </tr>  <tr>  <td><b>I would like to make this donation</b></td>  <td>  <input type="radio" name="donation" /> To Honor <br />  <input type="radio" name="donation" /> In Memory Of  </td>  </tr>  <tr>  <td><b>Name:</b></td>  <td>  <input name="donarName" type="text" />  </td>  </tr>  <tr>  <td><b>Acknoledge Donation to:</b></td>  <td>  <input name="donationTo" type="text" />  </td>  </tr>  <tr>  <td><b>Address:</b></td>  <td>  <input name="donarAddress" type="text" />  </td>  </tr>  <tr>  <td><b>City:</b></td>  <td>  <input name="donarCity" type="text" />  </td>  </tr>  <tr>  <td>State:</td>  <td>  <select name="donarState">  <option selected> Select a state</option>  <option value="Dhaka"> Dhaka</option>  <option value="Kalkata"> Kalkata</option>  <option value="London"> London</option>  </select>  </td>  </tr>  <tr>  <td>Zip</td>  <td>  <input name="donarZip" type="text" />  </td>  </tr>  <tr>  <td>  <h3>Additional Information</h3>  </td>  <td></td>  </tr>  <tr>  <td style="text-align: left;">  <small>  Please Enter your name, company or organization as you would like  it to appear in our publications:</small>  </td>  </tr>  <tr>  <td><b>Name</b></td>  <td>  <input name="addName" type="text" />  </td>  </tr>  <tr>  <td style="text-align: left;">  <input name="giftCheck" type="checkbox" /> I would like my gift to remain anonymous.  <br />  <input name="offerCheck" type="checkbox" /> My employer offers a matching gift  program. I will mail the matching gift form. <br />  <input name="costCheck" type="checkbox" /> please save the cost of acknowledging this  gift by not mailing a thank you letter. <br />  </td>  <td></td>  </tr>  <tr>  <td>  <b>Comments</b><br />  <small>(Please type any question or feedback here)</small>  </td>  <td>  <textarea name="comment" cols="35" rows="5"></textarea>  </td>  </tr>  <tr>  <td><b>How may we contact you?</b></td>  <td>  <input name="offers[]" value="e-mail" type="checkbox" /> E-Mail <br />  <input name="offers[]" value="post-mail" type="checkbox" /> Post Mail <br />  <input name="offers[]" value="telephone" type="checkbox" /> Telephone <br />  <input name="offers[]" value="fax" type="checkbox" /> Fax <br />  </td>  </tr>  <tr>  <td>  <small>  I would like to recieve newsletters and information about special  events by:</small>  </td>  </tr>  <tr>  <td></td>  <td>  <input name="offeres[]" value="emailNewsletter" type="checkbox" /> E-Mail <br />  <input name="offeres[]" value="postMailNewsLetter" type="checkbox" /> Post Mail <br />  </td>  </tr>  <tr>  <td style="text-align: left;">  <input name="volunteerCheck" type="checkbox" /> I would like information about  volunteering with the Organization  </td>  </tr>  <tr>  <td>  <input type="button" value="Reset" />  </td>  <td>  <input type="submit" value="Submit" />  </td>  </tr>  <tr>  <td style="text-align: left;">  <small>Donate online with confidence. You are on a secure server</small>  </td>  </tr>  <tr>  <td style="text-align: left;">  <small>If you have any problems or questions, please contact  support.</small>  </td>  </tr>  </table>  </form>  </body>  </html> |