

MODERN APPPLICATION DEVELOPMENT

JAVA SPRING BOOT

WEEK -1 ASSIGNMENT

REG.No: 20MIS0080

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DRIVE LINK:

https://drive.google.com/drive/folders/1ujfRI1rT9adAznTeN7H8qm5e3pTqExUL?usp=share_link

1) Create one form with input and apply CSS

Form.html

```
<!DOCTYPE html>

<html>

<head>

<meta name="viewport" content="width=device-width, initial-scale=1">

<style>

body{

    font-family: Calibri, Helvetica, sans-serif;

    background-color: pink;

}

.container {

    padding: 50px;

    background-color: lightblue;

}

input[type=text], input[type=password], textarea {

    width: 100%;

    padding: 15px;

    margin: 5px 0 22px 0;

    display: inline-block;

    border: none;

    background: #f1f1f1;

}

input[type=text]:focus, input[type=password]:focus {
```

```
background-color: orange;
outline: none;
}
div {
    padding: 10px 0;
}
hr {
    border: 1px solid #f1f1f1;
    margin-bottom: 25px;
}
.registerbtn {
    background-color: #4CAF50;
    color: white;
    padding: 16px 20px;
    margin: 8px 0;
    border: none;
    cursor: pointer;
    width: 100%;
    opacity: 0.9;
}
.registerbtn:hover {
    opacity: 1;
}
</style>
</head>
<body>
<form>
    <div class="container">
        <center> <h1> Student Registration Form</h1> </center>
        <hr>
        <label> Firstname </label>
```

<input type="text" name="firstname" placeholder="Firstname" size="15" required />

<label> Middlename: </label>

<input type="text" name="middlename" placeholder="Middlename" size="15" required />

<label> Lastname: </label>

<input type="text" name="lastname" placeholder="Lastname" size="15" required />

<div>

<label>

Course :

</label>

<select>

<option value="Course">Course</option>

<option value="BCA">BCA</option>

<option value="BBA">BBA</option>

<option value="B.Tech">B.Tech</option>

<option value="MBA">MBA</option>

<option value="MCA">MCA</option>

<option value="M.Tech">M.Tech</option>

</select>

</div>

<div>

<label>

Gender :

</label>

<input type="radio" value="Male" name="gender" checked > Male

<input type="radio" value="Female" name="gender"> Female

<input type="radio" value="Other" name="gender"> Other

</div>

<label>

Phone :

```
</label>

<input type="text" name="country code" placeholder="Country Code" value="+91" size="2"/>

<input type="text" name="phone" placeholder="phone no." size="10" required>

Current Address :

<textarea cols="80" rows="5" placeholder="Current Address" value="address" required>

</textarea>

<label for="email"><b>Email</b></label>

<input type="text" placeholder="Enter Email" name="email" required>


<label for="psw"><b>Password</b></label>

<input type="password" placeholder="Enter Password" name="psw" required>


<label for="psw-repeat"><b>Re-type Password</b></label>

<input type="password" placeholder="Retype Password" name="psw-repeat" required>

<button type="submit" class="registerbtn">Register</button>

<h3> YOGESH </h3>

<h3> 20MIS0080 </h3>

</form>

</body>

</html>
```

OUTPUT :

new 1.html x +

File | C:/Users/YOGESHWARAN%20R/OneDrive/Documents/new%201.html

Student Registration Form

Firstname
Firstname

Middlename:
Middlename

Lastname:
Lastname

Course : Course

Gender :
☒ Male ☐ Female ☐ Other

Phone :
+91

phone no.

Current Address :

new 1.html x +

File | C:/Users/YOGESHWARAN%20R/OneDrive/Documents/new%201.html

phone no.

Current Address :

Email
Enter Email

Password
Enter Password

Re-type Password
Retype Password

Register

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