**Forms**

<!DOCTYPE html>

<html lang="en">

  <head>

    <meta charset="UTF-8" />

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

    <title>HTML Forms</title>

    <style>

      div {

        width: 70%;

        background-color: beige;

        margin: auto;

        border: solid 2px black;

      }

      .myclass{

        background-color: brown;

      }

      .myclass2{

        color:white;

      }

      #myid1{

        background-color: blueviolet;

      }

      #myid2{

        background-color: aqua;

      }

      #myid3{

        background-color: tomato;

      }

      #lastID{

        background-color: antiquewhite;

        color: blue;

      }

    </style>

  </head>

  <body>

    <div>

      <p><a href="#lastID" style="text-decoration: none;">GoTO last Para</a></p>

      <form action="actionpage" autocomplete="on" method="get">

        <h1>Learning About Forms</h1>

        <h2 class="myclass myclass2">Text Type Form</h2>

        <label for="firstname"id="myid1">Enter Your First Name:<span style="color: red;">\*</span>

        <input

          type="text"

          id="firstname"

          name="firstname"

          placeholder="Enter your first name" required

        /><br /><br />

        <label for="Lastname" id="myid2">Enter Your LastName:</label>

        <input

          type="text"

          id="Lastname"

          name="Lastname"

          value="ENter your last name"

        /><br /><br />

        <label for="email" id="myid3">Enter email:</label>

        <input

          type="text"

          id="email"

          name="email"

          placeholder="Enter your email"

        /><br /><br /><br />

        <h2 class="myclass myclass2">Radio Type Form</h2>

        <input type="radio" id="male" name="gender" />

        <label for="male">Male</label><br />

        <input type="radio" id="female" name="gender" />

        <label for="female">Female</label><br /><br />

        <h2 class="myclass myclass2">Check Box Type of Form</h2>

        <input type="checkbox" id="cse" name="cse" />

        <label for="cse">I Like CSE</label><br />

        <input type="checkbox" id="ECE" name="ECE" />

        <label for="ECE">I Like ECE</label><br /><br /><br />

        <h2 class="myclass">Dropdown Menu Type Form</h2>

        <label for="fruits">Select a Fruit of your choice:</label><br />

        <select name="fruits" id="fruits" size="5" multiple>

          <option value="Mango">Mango</option>

          <option value="Banana">Banana</option>

          <option value="Cherry">Cherry</option>

          <option value="Guava">Guava</option>

          <option value="Watermelon">Watermelon</option>

          <option value="Choose one" selected>Choose one</option></select

        ><br /><br /><br /><br />

        <h3 id="lastID">This is last step</h3>

        <label for="info">Read before you submit:</label><br />

        <textarea name="info" id="info" rows="5" cols="30">

Read carefully before you submit your form</textarea

        ><br /><br />

        <input type="submit" />

      </form>

    </div>

  </body>

</html>

**Classes and IDs and Media Tags**

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<html lang="en">

  <head>

    <meta charset="UTF-8" />

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

    <title>Document</title>

  </head>

  <body>

    <h2>Media Tags</h2>

    <iframe

      src="form.html"

      frameborder="0"

      title="myframe"

      width="100%"

      height="1000px"

    >

    </iframe>

    <video src="vid1.mp4" controls width="400px" height="300px" autoplay muted></video>

    <audio src="vid1.mp4" controls></audio>

  </body>

</html>