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College: - **Vidyalankar Institute of Technology**

Internship Program with TCR Innovation

2nd Topic: - Developed a webpage on Registration of Marriage with CSS

HTML Code:-

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Marriage Form</title>
  <link rel="stylesheet" href="ShreyaCSSPart.css">
</head>
<body style="background-color: rgb(255, 204, 242);">

  <h1><i>Registration Form:-</i></h1>
  <p>Welcome Sir/Madam, Please Fill up the required details: </p>

  <div class="strand1">
    <p align = "right"></p>
  </div>
  <p>
    <div class="strand2">
      <fieldset>
        <legend>Personal Information</legend>
        <p><label>Name:- <input type="text"></label> </p>
        <p><label>Surname:- <input type="text"></label> </p>
        <p><label> Looking for a: <select name="Partner">
          <option value="Male">Male</option>
          <option value="Female">Female</option>
        </select>
```

```
        </fieldset>
    </div>
</p>
<br>

<fieldset>
    <legend>Please Select Your Gender</legend>
    <label> <input type="radio" name="gender" value="Male">Male</label> <br> <br>
    <label> <input type="radio" name="gender" value="Female">Female</label> <br> <br>
    <label> <input type="radio" name="gender" value="Others">Others</label> <br>
</fieldset>
<br>
<br>

<fieldset>
    <label>Please Select Your Age</label>
    <select name="Age">
        <option value="18">18</option>
        <option value="19">19</option>
        <option value="20">20</option>
        <option value="21">21</option>
        <option value="22">22</option>
        <option value="23">23</option>
        <option value="24">24</option>
        <option value="25">25</option>
        <option value="26">26</option>
        <option value="27">27</option>
        <option value="28">28</option>
        <option value="29">29</option>
        <option value="30">30</option>
        <option value="31">31</option>
        <option value="32">32</option>
        <option value="33">33</option>
        <option value="34">34</option>
        <option value="35">35</option>
    </select>
</fieldset>
```

```
    <option value="36">36</option>
    <option value="37">37</option>
    <option value="38">38</option>
    <option value="39">39</option>
    <option value="40">40</option>
    <option value="41">41</option>
    <option value="42">42</option>
    <option value="43">43</option>
    <option value="44">44</option>
    <option value="45">45</option>
    <option value="46">46</option>
    <option value="47">47</option>
    <option value="48">48</option>
    <option value="49">49</option>
    <option value="50">50</option>
  </select>
</fieldset>
<br>
<br>
```

```
<fieldset>
  <label>Login ID <input type="text"></label><br> <br>
  <label>Password <input type="text"></label><br> <br>
  <label>Confirm Password <input type="text"></label>
</fieldset>
<br>
<br>
```

```
<h3>D.O.B in DD-MM-YYYY</h3>
<label for="start"> Enter Date</label>
<input type="date" name="begin" placeholder="dd-mm-yyyy"
min= "1997-01-01" max= "2030-12-31">
<br>
<br>
```

```
<fieldset>
  <legend>Religion</legend>
  <p>Please select the type of Religion you're searching for</p>
```

```
<label> <input type="checkbox" name="Religion" value="Hindu">Hindu
</label>
<label> <input type="checkbox" name="Religion" value="Islam">Islam
</label>
<label> <input type="checkbox" name="Religion" value="Sikhs">Sikhs
</label>
<label> <input type="checkbox" name="Religion" value="Christianity
">Christianity</label>
</fieldset>
<br>
<br>
<fieldset>
<legend>Contact Details</legend>
<label>Phone no: <input type="text"></label> <br> <br>
<label>Personal no: <input type="text"></label> <br> <br>
<label>Office No: <input type="text"></label> <br> <br>
</fieldset>
<br>
<br>

<p>Press Submit button to Confirm the above details</p>
<input class="button" type="submit" value="submit" name="">
<br>
<br>

<div class="strand3">
<h1>Thank You!!!</h1>
</div>

</body>
</html>
```

CSS Code:-

```
.strand{
  float:right;
  width: 15%;
  border: thick;
  margin-top: -500px;
}
.strand p{
  float:inherit;
  margin-top: -16px;
  box-sizing: border-box;
}
.strand2{
  float: left;
  margin-top: -170px;
}
.button:hover{
  background-color: rgb(1, 13, 17);
  color: rgb(161, 15, 154);
}
.button{
  background-color: rgb(245, 239, 238) ;
  color:black;
  padding: 10px 15px;
  border: solid;
  box-shadow: 3px 3px 3px rgb(52, 2, 133);
}
.strand3{
  float: right;
}
```

Output:-

Registration Form:-

Welcome Sir/Madam, Please Fill up the required details:

Personal Information

Name:-

Surname:-

Looking for a:



Please Select Your Gender

☐ Male

☐ Female

☐ Others

Please Select Your Age:

Login ID:

Login ID:

Password:

Confirm Password:

D.O.B in DD-MM-YYYY

Enter Date:

Religion

Please select the type of Religion you're searching for

☐ Hindu ☐ Islam ☐ Sikhs ☐ Christianity


Contact Details

Phone no:

Personal no:

Office No:

D.O.B in DD-MM-YYYY

Enter Date: 

Religion

Please select the type of Religion you're searching for

☐ Hindu ☐ Islam ☐ Sikhs ☐ Christianity

Contact Details

Phone no:

Personal no:

Office No:

Press Submit button to Confirm the above details

Thank You!!!

Website:

<http://127.0.0.1:5501/ShreyaFormCSSPart.html>