

TY. B. Tech.

CS3215: Web Technology

Assignment No: 02

Title: Create an admission Template form for VIT admission Process? Perform the validation for email and phone no fields.

Date of Assignment: 25/11/2022

Date of Submission: 08/12/2022

Roll. No.	Gr. No.	Div.	Name
55	12011331	A	Tanmay Pravin Deshmukh

Approved By: Prof. Manikrao Laxmanrao Dhore.

Academic Year: 2022~23

Semester: I

CODE:

```
<html>
<head>
<title>Student Registration Form</title>

<style>

h2{
  font-family: Sans-serif;
  font-size: 24px;
  font-style: normal;
  font-weight: bold;
  color: blue;
  text-align: center;
  text-decoration: underline
}

table{
  font-family: verdana;
  color:white;
  font-size: 16px;
  font-style: normal;
  font-weight: bold;
  background-color: #ff4242;
  border-collapse: collapse;
  border: 4px solid #000000;
  border-style: dashed;

}
table.inner{
  border: 10px

}

input[type=text], input[type=email], input[type=number]{
  width: 50%;
  padding: 6px 12px;
  margin: 5px 0;
  box-sizing: border-box;
}

input[type=submit], input[type=reset]{
  width: 15%;
```

```
padding: 8px 12px;
margin: 5px 0;
box-sizing: border-box;
}

</style>

</head>

<body>
<h2>Student Registration Form Using Table in HTML</h3>

<table align="center" cellpadding = "10">

<!------- First Name ----->
<tr>
<td>First Name</td>
<td><input type="text" name="FirstName" maxlength="50" placeholder="abcd"
/>
(Max 50 Characters Allowed)
</td>
</tr>

<!------- Last Name ----->
<tr>
<td>Last Name</td>
<td><input type="text" name="LastName" maxlength="50"
placeholder="efgh"/>
(Max 50 Characters Allowed)
</td>
</tr>

<!------- Email ID ----->
<tr>
<td>Email ID</td>
<td><input type="email" name="EmailID" maxlength="100"
placeholder="abc@gmail.com"/></td>
</tr>
```

```
<!------- Mobile Number ----->
<tr>
<td>Mobile Number</td>
<td>
<input type="text" name="MobileNumber" maxlength="10"
placeholder="7842xxxxxx"/>
(10 Digits Allowed)
</td>
</tr>

<!------- Gender ----->
<tr>
<td>Gender</td>
<td>
<input type="radio" name="Gender" value="Male" />
Male
<input type="radio" name="Gender" value="Female" />
Female
</td>
</tr>

<!-------Date Of Birth----->

<tr>
<td>Date of Birth(DOB)</td>

<td>
<select name="BirthDay" id="Birthday_Day">
<option value="-1">Day:</option>
<option value="1">1</option>
<option value="2">2</option>
<option value="3">3</option>
<option value="4">4</option>
<option value="5">5</option>
<option value="6">6</option>
<option value="7">7</option>
<option value="8">8</option>
<option value="9">9</option>
<option value="10">10</option>
<option value="11">11</option>
<option value="12">12</option>
<option value="13">13</option>
```

```
<option value="14">14</option>
<option value="15">15</option>
<option value="16">16</option>
<option value="17">17</option>
<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>
</select>

<select name="BirthdayMonth" id="Birthday_Month">
<option value="-1">Month:</option>
<option value="January">Jan(1)</option>
<option value="February">Feb(2)</option>
<option value="March">Mar(3)</option>
<option value="April">Apr(4)</option>
<option value="May">May(5)</option>
<option value="June">Jun(6)</option>
<option value="July">Jul(7)</option>
<option value="August">Aug(8)</option>
<option value="September">Sep(9)</option>
<option value="October">Oct(10)</option>
<option value="November">Nov(11)</option>
<option value="December">Dec(12)</option>
</select>

<select name="BirthdayYear" id="Birthday_Year">

<option value="-1">Year:</option>
<option value="2022">2022</option>
<option value="2021">2021</option>
<option value="2020">2020</option>
<option value="2019">2019</option>
<option value="2018">2018</option>
```

```
<option value="2017">2017</option>
<option value="2016">2016</option>
<option value="2015">2015</option>
<option value="2014">2014</option>
<option value="2013">2013</option>
<option value="2012">2012</option>
<option value="2011">2011</option>
<option value="2010">2010</option>
<option value="2009">2009</option>
<option value="2008">2008</option>
<option value="2007">2007</option>
<option value="2006">2006</option>
<option value="2005">2005</option>
<option value="2004">2004</option>
<option value="2003">2003</option>
<option value="2002">2002</option>
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<option value="1989">1989</option>
<option value="1988">1988</option>
<option value="1987">1987</option>
<option value="1986">1986</option>
<option value="1985">1985</option>
<option value="1984">1984</option>
<option value="1983">1983</option>
<option value="1982">1982</option>
<option value="1981">1981</option>
<option value="1980">1980</option>
</select>
</td>
</tr>
```

```
<!------- Address ----->
```

```
<tr>
<td>Address<br /><br /><br /></td>
<td><textarea name="Address" rows="10" cols="50"></textarea></td>
</tr>

<!------- City ----->
<tr>
<td>City</td>
<td><input type="text" name="City" maxlength="50" placeholder="Latur"/>
(Max 50 Characters Allowed)
</td>
</tr>

<!------- Pin Code----->
-->
<tr>
<td>Pin Code</td>
<td><input type="Number" name="PinCode" maxlength="6"
placeholder="413xxx"/>
(Max 6 Numbers Allowed)
</td>
</tr>

<!------- State ----->
<tr>
<td>State</td>
<td><input type="text" name="State" maxlength="50"
placeholder="Maharashtra"/>
(Max 50 Characters Allowed)
</td>
</tr>

<!------- Country ----->
->
<tr>
<td>Country</td>
<td><input type="text" name="Country" placeholder="India" /></td>
</tr>

<!------- Hobbies ----->
->

<tr>
<td>Hobbies <br /><br /><br /></td>
```

```

<td>
<input type="checkbox" name="HobbyDrawing" value="Drawing" />
Drawing
<input type="checkbox" name="HobbySinging" value="Singing" />
Singing
<input type="checkbox" name="HobbyDancing" value="Dancing" />
Dancing
<input type="checkbox" name="HobbyCooking" value="Cooking" />
Sketching
<br />
<input type="checkbox" name="HobbyOther" value="Other">
Others
<input type="text" name="Other_Hobby" maxlength="50" placeholder="Ex-
Teaching" />
(Max 50 Characters Allowed)
</td>
</tr>

```

```

<!-------Qualification----->

```

```

<tr>
<td>Qualification <br /><br /><br /></td>

```

```

<td>
<br/>
<input type="checkbox" name="School" value="School" />
School(10th)<br>
<input type="checkbox" name="College" value="College" />
College(12th)<br/>
<input type="checkbox" name="Graduation" value="Graduation" />
Graduation(Bachelors)<br/>
</td>
</tr>

```

```

<!------- Courses ----->

```

```

<tr>
<td>Courses<br />Applied For</td>
<td>
<input type="radio" name="CSE" value="CSE">
Computer Engineering<br>

```



```
<input type="radio" name="AIDS" value="AIDS">
Artificial Intelligence and Data Science<br>
<input type="radio" name="ENTC" value="ENTC">
Electronics and Telecommunication<br>
<input type="radio" name="IT" value="IT">
Information Technology<br>
<input type="radio" name="Civil" value="Civil">
Civil Engineering<br>
<input type="radio" name="Prod" value="Prod">
Production Engineering<br>
<input type="radio" name="Mech" value="Mech">
Mechanical Engineering<br>
<input type="radio" name="Instru" value="Instru">
Instrumentation Engineering<br>
```

```
</td>
```

```
</tr>
```

```
<!------- Submit and Reset ----->
```

```
->
```

```
<tr>
```

```
<td colspan="2" align="center">
```

```
<input type="submit" value="Submit">
```

```
<input type="reset" value="Reset">
```

```
</td>
```

```
</tr>
```

```
</table>
```

```
</form>
```

```
</body>
```

```
</html>
```

OUTPUT:

VISHWAKARMA INSTITUTE OF TECHNOLOGY, PUNE-37

DEPARTMENT OF COMPUTER ENGINEERING

Student Registration Form Using Table in HTML

First Name	<input type="text" value="Tanmay"/>	(Max 50 Characters Allowed)
Last Name	<input type="text" value="Deshmukh"/>	(Max 50 Characters Allowed)
Email ID	<input type="text" value="tanmay.deshmukh20@vit.edu"/>	
Mobile Number	<input type="text" value="9284642663"/>	(10 Digits Allowed)
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Date of Birth(DOB)	<input type="text" value="20"/> <input type="text" value="Feb(2)"/> <input type="text" value="2002"/>	
Address	<input type="text" value="At post Babhalgaon Taluka District Latur 413531"/>	
City	<input type="text" value="Latur"/>	(Max 50 Characters Allowed)
Pin Code	<input type="text" value="413531"/>	(Max 6 Numbers Allowed)
State	<input type="text" value="Maharashtra"/>	(Max 50 Characters Allowed)
Country	<input type="text" value="India"/>	
Hobbies	<input checked="" type="checkbox"/> Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input checked="" type="checkbox"/> Sketching <input checked="" type="checkbox"/> Others <input type="text" value="Volleyball"/> (Max 50 Characters Allowed)	
Qualification	<input type="checkbox"/> School(10th) <input type="checkbox"/> College(12th) <input checked="" type="checkbox"/> Graduation(Bachelors)	
Courses Applied For	<input checked="" type="radio"/> Computer Engineering <input type="radio"/> Artificial Intelligence and Data Science <input type="radio"/> Electronics and Telecommunication <input type="radio"/> Information Technology <input type="radio"/> Civil Engineering <input type="radio"/> Production Engineering <input type="radio"/> Mechanical Engineering <input type="radio"/> Instrumentation Engineering	
<input type="button" value="Submit"/> <input type="button" value="Reset"/>		