AMBER SHUKLA

A8_B3_42

CODE

```
<!DOCTYPE html>
1
     <html style="background-color: \bigsigmu #504f4f;">
 2
 3
     <head>
         <fieldset style="background: □#000000;color: □rgb(255, 230, 0);">
 4
5
         <style>
 6
             body {
                  font-family: 'Times New Roman', Times, serif;
 7
 8
9
             form {
                 width: 300px;
10
11
                  margin: 0 auto;
12
13
             label {
14
                 display: block;
15
                  margin-top: 10px;
16
             input[type="text"], input[type="date"] {
17
18
                 width: 100%;
19
                  padding: 5px;
20
                  margin-top: 5px;
21
             select, input[type="file"] {
22
23
                  margin-top: 5px;
24
25
              .gender {
                 display: inline-block;
26
                 margin-right: 10px;
27
28
             input[type="checkbox"] {
29
30
                  margin-top: 10px;
31
32
              input[type="submit"] {
                  margin-top: 15px;
33
34
                  padding: 5px 10px;
35
             input[type="reset"] {
36
                  margin-top: 15px;
37
                  padding: 5px 10px;
38
39
```

```
table {
41
                  max-width: 90%;
42
                  margin: 40px auto;
 43
                  border-collapse: collapse;
                  background: □rgb(0, 0, 0);
44
                  border: 1px solid ■#ff0000;
45
                  color: □rgb(0, 255, 76);
46
47
              table th, table td {
48
 49
                  padding: 15px;
50
                  text-align: center;
                  border: 1px solid ■#9e9e9e;
51
52
53
              table th {
 54
                  background-color: $\precept{\pi}$#000000;
 55
                  color: rgb(255, 251, 0);
56
57
              table tr:nth-child(even) {
                  background-color: □#000000;
58
59
60
              footer {
 61
                  text-align: center;
                  padding: 10px 0;
62
63
                  background-color: ■#00ff80;
                  color: ■rgb(255, 0, 0);
64
65
66
          </style>
 67
          <script>
68
              function displayData() {
69
                  const form = document.forms['registrationForm'];
                  const table = document.getElementById('dataTable');
 70
 71
 72
                  const row = table.insertRow(-1);
                  row.innerHTML =
 73
74
                      ${form.firstName.value}
                      ${form.lastName.value}
                      ${form.dob.value}
76
 77
                      ${form.department.value}
 78
                      ${form.gender.value}
                      ${form.marks.value}
 79
                      ${form.resume.files[0]?.name || 'No file uploaded'}
80
81
82
83
                  form.reset();
84
                  return false;
85
86
          </script>
87
      <body>
88
89
90
          <h2>T&P Registration Form</h2>
          <form name="registrationForm" onsubmit="return displayData()">
91
              <label for="firstName">First Name:</label>
92
              <input type="text" id="firstName" name="firstName" required>
q٦
94
              <label for="lastName">Last Name:</label>
95
              <input type="text" id="lastName" name="lastName" required>
96
97
              <label for="dob">Date of Birth:</label>
98
99
              <input type="date" id="dob" name="dob" required>
100
              <label for="department">Department:</label>
101
102
              <select id="department" name="department" required>
103
                  <option value="ComputerScience">Computer Science</option>
                  <option value="Clectronics">Elec and Comp. Sci.</option>
104
                  <option value="Mechanical">Mechanical</option>
105
                  <option value="Electronics">Electronics</option>
106
                  <option value="Civil">Civil</option>
107
                  <option value="Biomedical">Biomedical</option>
108
```

```
108
               <option value="Biomedical">Biomedical</option>
109
            </select>
110
            <label for="gender">Gender:</label>
111
112 ∨
            <span class="gender">
113
            <input type="radio" id="male" name="gender" value="Male" required> Male
114
            </span>
115 ∨
            <span class="gender">
116
            <input type="radio" id="female" name="gender" value="Female" required> Female
117
            </span>
118
            <label for="marks">Semester-wise Marks:</label>
119
120
            <input type="text" id="marks" name="marks" required>
121
122
            <label for="resume">Upload Resume:</label>
123
            <input type="file" id="resume" name="resume" required>
124
125 V
            <label>
126
            <input type="checkbox" name="terms" required> I accept the terms and conditions
127
            </label>
128
129
            <input type="submit" value="Submit">
130
            <input type="reset" value="Reset">
         </form></feildset>
131
132
133 V
         134 V
            <thead>
               135 V
136
                   First Name
                   Last Name
137
138
                   Date of Birth
                   Department
139
                   Gender
140
141
                   Semester-wise Marks
142
                   Resume
143
               144
            </thead>
145
            146
            147
148
     </body>
149
     </html>
150
```

Result

