EXPERIMENT 4

4.Develop HTML page named as "registration.html" having variety of HTML input elements with background colors, table for alignment & provide font colors & size using CSS styles.

```
CSS file:
/* General styles */
body {
  font-family: Arial, sans-serif;
  background-color: #f4f4f4;
  padding: 20px;
}
h1 {
  color: darkblue;
  text-align: center;
}
form {
  background-color: #fff;
  border-radius: 10px;
  padding: 20px;
  box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
  max-width: 700px;
  margin: auto;
}
table {
  width: 100%;
  border-collapse: collapse;
  margin: 20px 0;
}
table td {
  padding: 10px;
}
```

/* Input field styling */

```
input[type="text"], input[type="email"], input[type="number"],
input[type="password"], input[type="file"], input[type="date"],
input[type="url"], select, textarea {
  width: 100%;
  padding: 10px;
  margin-top: 5px;
  border: 1px solid #ccc;
  border-radius: 5px;
}
/* Background colors and font styles */
.bg-light {
  background-color: #f9f9f9;
}
.highlight {
  background-color: #d3f0d1;
}
/* Styling for buttons */
input[type="submit"], input[type="reset"] {
  background-color: darkblue;
  color: white;
  padding: 10px 20px;
  border: none;
  border-radius: 5px;
  cursor: pointer;
}
input[type="submit"]:hover, input[type="reset"]:hover {
  background-color: blue;
}
/* Font sizes and colors */
td label {
  font-size: 1.1em;
  color: darkgreen;
}
```

```
td select, td input, td textarea {
  font-size: 1em;
  color: #333;
}
td {
  vertical-align: top;
}
/* Image and file input styling */
input[type="file"] {
  border: none;
}
/* Error message styles (for potential client-side validation using JS) */
.error-message {
  color: red;
  font-size: 0.9em;
}
HTML file:
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>University Student Registration</title>
  <link rel="stylesheet" href="style.css">
</head>
<body>
  <h1>University Student Registration Form</h1>
  <form action="#" method="POST" enctype="multipart/form-data">
    <label for="firstname">First Name:</label>
                        type="text"
         <input
                                       id="firstname"
                                                        name="firstname"
                                                                              required
placeholder="Enter your first name">
```

```
<label for="lastname">Last Name:</label>
       <input
                    type="text"
                                id="lastname"
                                               name="lastname"
                                                                 required
placeholder="Enter your last name">
     <label for="email">Email Address:</label>
       <input type="email" id="email" name="email" required placeholder="Enter a
valid email address">
     <label for="phone">Phone Number:</label>
       <input type="number" id="phone" name="phone" required placeholder="Enter
your phone number" min="1000000000" max="999999999">
     <label for="password">Password:</label>
       <input
                  type="password"
                                  id="password"
                                                name="password"
                                                                 required
placeholder="Create a password" minlength="8">
     <label for="confirmpassword">Confirm Password:</label>
       <input type="password" id="confirmpassword" name="confirmpassword"
required placeholder="Confirm your password" minlength="8">
     <label for="program">Select Program:</label>
       <select id="program" name="program" required>
           <option value="">--Select Program--</option>
           <option value="B.Sc Computer Science">B.Sc in Computer Science
           <option value="BBA">BBA</option>
           <option value="B.Com">B.Com</option>
           <option value="B.A.">B.A.</option>
         </select>
```

```
<label for="gender">Gender:</label>
       <input type="radio" id="male" name="gender" value="Male" required>
         <label for="male">Male</label>
         <input type="radio" id="female" name="gender" value="Female" required>
         <label for="female">Female</label>
       <label for="address">Address:</label>
       <textarea id="address" name="address" rows="4" required placeholder="Enter
your address"></textarea>
     <label for="dob">Date of Birth:</label>
       <input type="date" id="dob" name="dob" required>
     <label for="nationality">Nationality:</label>
       <input
                   type="text"
                                id="nationality"
                                                name="nationality"
                                                                   required
placeholder="Enter your nationality">
     <label for="photo">Upload Photo:</label>
       <input type="file" id="photo" name="photo" accept="image/*" required>
     <label for="website">Personal Website (Optional):</label>
       <input type="url" id="website" name="website" placeholder="Enter your
personal website URL (optional)">
     >
       <label for="newsletter">Subscribe to Newsletter:</label>
       <input type="checkbox" id="newsletter" name="newsletter" value="yes"> Yes,
I would like to receive the newsletter.
     <label for="terms">Agree to Terms and Conditions:</label>
```

Sample Output:

University Student Registration Form

