

SET 1:

Design a registration form using tkinter

STUDENT REGISTRATION FORM



FIRST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																										
LAST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																										
DATE OF BIRTH	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>																											
EMAIL ID	<input type="text"/>																											
MOBILE NUMBER	<input type="text"/>	(10 digit number)																										
GENDER	Male <input type="radio"/> Female <input type="radio"/>																											
ADDRESS	<input type="text"/>																											
CITY	<input type="text"/>	(max 30 characters a-z and A-Z)																										
PIN CODE	<input type="text"/>	(6 digit number)																										
STATE	<input type="text"/>	(max 30 characters a-z and A-Z)																										
COUNTRY	<input type="text" value="India"/>																											
HOBBIES	Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="checkbox"/> <input type="text"/>																											
QUALIFICATION	<table><thead><tr><th>Sl.No.</th><th>Examination</th><th>Board</th><th>Percentage</th><th>Year of Passing</th></tr></thead><tbody><tr><td>1</td><td>Class X</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>2</td><td>Class XII</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3</td><td>Graduation</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>4</td><td>Masters</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table> <div>(10 char max) (upto 2 decimal)</div>			Sl.No.	Examination	Board	Percentage	Year of Passing	1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>
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COURSES APPLIED FOR	BCA <input type="radio"/> B.Com <input type="radio"/> B.Sc <input type="radio"/> B.A <input type="radio"/>																											
<input type="button" value="Submit"/> <input type="button" value="Reset"/>																												

SET 2:

Create a Registration form for Job Portal USING TKINTER

Job Application

Personal Information

Name

First Name

Last Name

Email

user@example.com

Education

Please Choose ▼

Resume

Choose File

No file chosen

Address

Address 1

Address 2

Select a Country ▼

Country

City

State

Zip Code

Phone Number

What are your hobbies?

Precious/Current Employment Details

Company Name

Job Title

How long were you here?

Reference #1

Name

Phone

Reference #2

Name

Phone

412 × 717

Apply

SET 3

CONVERT THE FOLLOWING MANUAL FORM INTO DIGITAL MODE USING TKINTER

REGISTRATION INFORMATION			
Registration Period: (check one) <input type="checkbox"/> One Year <input type="checkbox"/> Two Years (\$2 discount applies) <input type="checkbox"/> Three Years (\$3 discount applies) <small>(not available for vehicles subject to emissions testing)</small>			
Registration Type: (check one) <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Private <input type="checkbox"/> Reissue (Plates & Decals) <small>See Reissue Plates below under Plate Information.</small>			
<input type="checkbox"/> Reissue (Decals Only) <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Transfer License Plate Number: _____ <small>ENTER PLATE NUM</small>		<input type="checkbox"/> For Hire (complete "For Hire Information" section) <input type="checkbox"/> Ridesharing (Vanpool) (Cannot exceed 16 passengers including driver.) Seating Capacity _____	
<input type="checkbox"/> Amateur Radio Operator Call Letters -- Specify letters: _____		<input type="checkbox"/> Other: _____ <small>SPECIFY</small>	
OWNER INFORMATION			
OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)		TELEPHONE NUMBER ()	DMV / CUSTOMER NUMBER / FEIN / SSN
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)		TELEPHONE NUMBER ()	DMV / CUSTOMER NUMBER / FEIN / SSN
NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.			RESIDENCE/BUSINESS JURISDICTION
OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)		CITY	STATE ZIP CODE
CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)		CITY	STATE ZIP CODE
OWNER EMAIL ADDRESS		CO-OWNER EMAIL ADDRESS	
ADDITIONAL INFORMATION			
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED		IF NEW LOCATION ENTER DATE CHANGED	Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF _____			
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL		CITY	STATE ZIP CODE

SET 4

Design a registration form for hotel room accommodation by converting this manual from into digital format using tkinter

Title			
Last Name			
First Name(s)			
Share with			
Business number			
Mobile Number			
Email Address			
Date of Arrival			
Date of Departure			
Name on Credit Card			
Credit Card Number			
Expiry Date			
CVV Number			
Payment Method	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Direct Bank Transfer	

Negotiated Rates:

<input type="checkbox"/> Deluxe Room Single	R1700	<input type="checkbox"/> Deluxe Room Double	R1700
<input type="checkbox"/> Suites Room Single	R 1700	<input type="checkbox"/> Suites Room Double	R 1700

Room Preference:

<input type="checkbox"/> King Bed	<input type="checkbox"/> Twin – Two Single Beds
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The above rates are quoted per room, per night. The rates include breakfast, 14% vat, and Excludes 1% Tourism Levy and a voluntary R10 donation to the Arabella Community Trust that will be levied onto your account.

Total amount payable ZAR _____ x _____ nights = ZAR _____ due to Arabella Hotel and Spa

Credit Card will be charged on receipt of this form and details will also be used to settle all incidentals not settled on departure. A copy of the final folio will be sent to you should there be any unsettled charges.

In order to qualify for the above rates, your booking needs to be made on or before **15th January 2016**

Terms and conditions can be found on the next page.

The rate is valid for seven days before and after the conference dates. Check in time is 14:00 & check out time is 11:00

By your signature hereto, you are accepting all terms and conditions specified on this form and confirm that all information given is current and accurate.

Signature _____ Print name: _____

Date _____

SET 5:

Design a GUI using tkinter for CAB Rental booking.

CAR RENTAL RECEIPT

Date: _____

Receipt #: _____

Rental Company Info

Company: _____

Representative: _____

Location: _____

City/State/ZIP: _____

Phone: _____

Lessee Info

Name: _____

License #: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Vehicle Information

VIN: _____ Registration #: _____

Make: _____ Model: _____

Year: _____ Mileage: _____

Color: _____

VIN	Cost/Day	# of Days	Additional Costs	Line Total
Payment Method:			Subtotal:	
<input type="checkbox"/> Cash. <input type="checkbox"/> Check. No: _____			Tax (%):	
<input type="checkbox"/> Credit. No: _____			Total:	
<input type="checkbox"/> Other. _____			Amount Paid:	

Authorized Signature: _____

Representative Name: _____