# **DELHI TECHNOLOGICAL UNIVERSITY**

(Formerly Delhi College of Engineering) Shahbad Daulatpur, Bawana Road, Delhi 110042

### DEPARTMENT OF SOFTWARE ENGINEERING



SE325: Web Technology Assignment File

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2K19/SE/136

# **Assignment-1:**

**Problem statement**: Write HTML code to create Student Registration form as per image.

#### Code:

```
<!doctype html>
<html lang="en">
  <head>
    <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.1.1/dist/css/bootstra</pre>
p.min.css" rel="stylesheet" integrity="sha384-
F3w7mX95PdgyTmZZMECAngseQB83DfGTowi0iMjiWaeVhAn4FJkqJByhZMI3AhiU" crossorigin=
"anonymous">
    <title>Web tech Assignment</title>
    </style>
  </head>
  <body>
    <h1 style="text-align: center;">Student Registration Form </h1>
    <div style="width: 500px;" class="container">
    <form action="/submit" method="POST">
        <div class="mb-3">
          <label for="name" class="form-label" >Name:</label>
          <input name="name" type="text" class="form-control" id="name">
        </div>
        <div class="mb-3">
            Gender:
            <input name="Gender" class="form-check-</pre>
input" id="male" type="radio" value="Male">
            <label class="form-check-label" for="male">Male</label>
            <input name="Gender" class="form-check-</pre>
input" id="female" type="radio" value="Female">
            <label class="form-check-label" for="female">Female</label>
            <input name="Gender" class="form-check-</pre>
input" id="other" type="radio" value="Other">
            <label class="form-check-label" for="other">Other</label>
          </div>
        <div class="mb-3">
            <label for="addr" class="form-label">Student Address:</label>
```

```
<input name="address" type="text" class="form-control" id="addr">
          </div>
          <div class="mb-3">
            <label for="email" class="form-label">Email address:</label>
            <input name="email" type="email" class="form-control" id="email">
          </div>
        <div class="mb-3">
          <label for="password" class="form-label">Password</label>
          <input name="password" type="password" class="form-</pre>
control" id="password">
        </div>
        <div class="mb-3">
            <label for="phone" class="form-label">Phone</label>
            <input name="phone" type="tel" class="form-control" id="phone">
          </div>
        <div class="mb-3">
            <label for="course" class="form-label">Course: </label>
          <input type="text" name="course" list="course" placeholder="course">
            <datalist id="course">
            <option value="B.Tech">
            <option value="M.Tech">
            <option value="B.Ed">
            <option value="B.sc">
            <option value="M.sc">
            </datalist>
        </div>
        <div class="mb-3">
          <label for="myFile" class="form-label">Upload photo: </label>
            <input type="file" id="myFile" name="filename">
        </div>
        <button type="submit" class="btn btn-primary">Submit</button>
        <button type="reset" class="btn btn-primary">Reset
</form>
</div>
  </body>
</html>
```

## **Result:**

# **Student Registration Form**

Name:
TARANJEET SINGH
Gender:
O Male ○ Female ○ Other
Student Address:
A-133 CHANDER VIHAR SUNDAY MARKET NANGLOI Punjabi Ba
Email address:
shantys502@gmail.com
Password
••••
Phone
+917982959272
Course: B.Tech
Upload photo: Choose File Screenshot (35).png
Submit Reset