

DELHI TECHNOLOGICAL UNIVERSITY

(Formerly Delhi College of Engineering)

Shahbad Daulatpur, Bawana Road, Delhi 110042

DEPARTMENT OF SOFTWARE ENGINEERING



SE325: Web Technology Assignment File

Submitted To:

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Submitted By:

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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/bootstrap.min.css" rel="stylesheet" integrity="sha384-F3w7mX95PdgyTmZZMECAngseQB83DfGTowi0iMjiWaeVhAn4FJkqjByhZMI3AhiU" crossorigin="anonymous">

    <title>Web tech Assignment</title>
    <style>
    </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">
          <p>Gender:</p>
          <input name="Gender" class="form-check-input" id="male" type="radio" value="Male">
          <label class="form-check-label" for="male">Male</label>

          <input name="Gender" class="form-check-input" id="female" type="radio" value="Female">
          <label class="form-check-label" for="female">Female</label>

          <input name="Gender" class="form-check-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-
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</button>

</form>
</div>

</body>
</html>

```

Result:

Student Registration Form

Name:

TARANJEET SINGH

Gender:

☒ 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: Screenshot (35).png

Submit

Reset