**EXP-2: CREATE A STUDENT REGISTRATION FORM**

**Description:**

* This element is used to create a form on html page. which is a logical grouping of controls available on the page. Form contains controls such as text fields, email field, password fields, checkboxes, button, radio buttons, submit button, menus etc.

**Attribute of form tag**

* **name:**are used for provide a name to the form
* **action:**are used for specify the page to which the data of current page has to be submitted.
* **method:**are used for specify which method to use for submitting this page to server (get or post).

**Syntax of Form:**

**<form>**

**// Elements of Form**

**</form>**

## Tags of Form:

|  |  |
| --- | --- |
| **Tag** | **Description** |
| <form> | It defines an HTML form to enter inputs by the used side. |
| <input> | It defines an input control. |
| <textarea> | It defines a multi-line input control. |
| <label> | It defines a label for an input element. |
| <fieldset> | It groups the related element in a form. |
| <legend> | It defines a caption for a <fieldset> element. |
| <select> | It defines a drop-down list. |
| <optgroup> | It defines a group of related options in a drop-down list. |
| <option> | It defines an option in a drop-down list. |
| <button> | It defines a clickable button. |

**Source Code:**

<html>

<head>

<title>Student Registration Form</title>

<!--CSS ---->

<style>

h3{

font-family: Calibri;

font-size: 25pt;

font-style: normal;

font-weight: bold;

color:green;

text-align: center;

text-decoration: underline

}

table{

font-family: Calibri;

color:white;

font-size: 11pt;

font-style: normal;

font-weight: bold;

text-align:;

background-color:pink;

border-collapse: collapse;

border: 2px solid navy

}

table.inner{

border: 0px

}

</style>

</head>

<body>

<center><h3>STUDENT REGISTRATION FORM</h3></center>

<table align="center" cellpadding = "10">

<!-- First Name -------->

<tr>

<td>FIRST NAME</td>

<td><input type="text" name="First\_Name" maxlength="30"/>

(max 30 characters a-z and A-Z)

</td>

</tr>

<!--- Last Name ---->

<tr>

<td>LAST NAME</td>

<td><input type="text" name="Last\_Name" maxlength="30"/>

(max 30 characters a-z and A-Z)

</td>

</tr>

<!-- Date Of Birth ---->

<tr>

<td>DATE OF BIRTH</td>

<td>

<select name="Birthday\_day" id="Birthday\_Day">

<option value="-1">Day:</option>

<option value="1">1</option>

<option value="2">2</option>

<option value="3">3</option>

<option value="4">4</option>

<option value="5">5</option>

<option value="6">6</option>

<option value="7">7</option>

<option value="8">8</option>

<option value="9">9</option>

<option value="10">10</option>

<option value="11">11</option>

<option value="12">12</option>

<option value="13">13</option>

<option value="14">14</option>

<option value="15">15</option>

<option value="16">16</option>

<option value="17">17</option>

<option value="18">18</option>

<option value="19">19</option>

<option value="20">20</option>

<option value="21">21</option>

<option value="22">22</option>

<option value="23">23</option>

<option value="24">24</option>

<option value="25">25</option>

<option value="26">26</option>

<option value="27">27</option>

<option value="28">28</option>

<option value="29">29</option>

<option value="30">30</option>

<option value="31">31</option>

</select>

<select id="Birthday\_Month" name="Birthday\_Month">

<option value="-1">Month:</option>

<option value="January">Jan</option>

<option value="February">Feb</option>

<option value="March">Mar</option>

<option value="April">Apr</option>

<option value="May">May</option>

<option value="June">Jun</option>

<option value="July">Jul</option>

<option value="August">Aug</option>

<option value="September">Sep</option>

<option value="October">Oct</option>

<option value="November">Nov</option>

<option value="December">Dec</option>

</select>

<select name="Birthday\_Year" id="Birthday\_Year">

<option value="-1">Year:</option>

<option value="2012">2012</option>

<option value="2011">2011</option>

<option value="2010">2010</option>

<option value="2009">2009</option>

<option value="2008">2008</option>

<option value="2007">2007</option>

<option value="2006">2006</option>

<option value="2005">2005</option>

<option value="2004">2004</option>

<option value="2003">2003</option>

<option value="2002">2002</option>

<option value="2001">2001</option>

<option value="2000">2000</option>

<option value="1999">1999</option>

<option value="1998">1998</option>

<option value="1997">1997</option>

<option value="1996">1996</option>

<option value="1995">1995</option>

<option value="1994">1994</option>

<option value="1993">1993</option>

<option value="1992">1992</option>

<option value="1991">1991</option>

<option value="1990">1990</option>

<option value="1989">1989</option>

<option value="1988">1988</option>

<option value="1987">1987</option>

<option value="1986">1986</option>

<option value="1985">1985</option>

<option value="1984">1984</option>

<option value="1983">1983</option>

<option value="1982">1982</option>

<option value="1981">1981</option>

<option value="1980">1980</option>

</select>

</td>

</tr>

<!-- Email Id -------------->

<tr>

<td>EMAIL ID</td>

<td><input type="text" name="Email\_Id" maxlength="100" /></td>

</tr>

<!--- Mobile Number ------->

<tr>

<td>MOBILE NUMBER</td>

<td>

<input type="text" name="Mobile\_Number" maxlength="10" />

(10 digit number)

</td>

</tr>

<!-- Gender ----->

<tr>

<td>GENDER</td>

<td>

Male <input type="radio" name="Gender" value="Male" />

Female <input type="radio" name="Gender" value="Female" />

</td>

</tr>

<!--- Address ------- >

<tr>

<td>COUNTRY</td>

<td><input type="text" name="Country" value="India" readonly="readonly" /></td>

</tr>

<!-- Hobbies ----->

<tr>

<td>HOBBIES <br /><br /><br /></td>

<td>

Drawing

<input type="checkbox" name="Hobby\_Drawing" value="Drawing" />

Singing

<input type="checkbox" name="Hobby\_Singing" value="Singing" />

Dancing

<input type="checkbox" name="Hobby\_Dancing" value="Dancing" />

Sketching

<input type="checkbox" name="Hobby\_Cooking" value="Cooking" />

<br />

Others

<input type="checkbox" name="Hobby\_Other" value="Other">

<input type="text" name="Other\_Hobby" maxlength="30" />

</td>

</tr>

<!--- Qualification------->

<tr>

<td>QUALIFICATION <br /><br /><br /><br /><br /><br /><br /></td>

<td>

<table>

<tr>

<td align="center"><b>Sl.No.</b></td>

<td align="center"><b>Examination</b></td>

<td align="center"><b>Board</b></td>

<td align="center"><b>Percentage</b></td>

<td align="center"><b>Year of Passing</b></td>

</tr>

<tr>

<td>1</td>

<td>Class X</td>

<td><input type="text" name="ClassX\_Board" maxlength="30" /></td>

<td><input type="text" name="ClassX\_Percentage" maxlength="30" /></td>

<td><input type="text" name="ClassX\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td>2</td>

<td>Class XII</td>

<td><input type="text" name="ClassXII\_Board" maxlength="30" /></td>

<td><input type="text" name="ClassXII\_Percentage" maxlength="30" /></td>

<td><input type="text" name="ClassXII\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td>3</td>

<td>Graduation</td>

<td><input type="text" name="Graduation\_Board" maxlength="30" /></td>

<td><input type="text" name="Graduation\_Percentage" maxlength="30" /></td>

<td><input type="text" name="Graduation\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td>4</td>

<td>Masters</td>

<td><input type="text" name="Masters\_Board" maxlength="30" /></td>

<td><input type="text" name="Masters\_Percentage" maxlength="30" /></td>

<td><input type="text" name="Masters\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td></td>

<td></td>

<td align="center">(10 char max)</td>

<td align="center">(upto 2 decimal)</td>

</tr>

</table>

</td>

</tr>

<!-- Course --->

<tr>

<td>COURSES APPLIED FOR:</td>

<td>

CSE

<input type="radio" name="Course\_CSE" value="CSE">

AIML

<input type="radio" name="Course\_AIML" value="AIML">

ML

<input type="radio" name="Course\_IoT" value="IoT">

IoT

<input type="radio" name="Course\_DS" value="DS">

DS

<input type="radio" name="Course\_DA" value="DA">

DA

</td>

</tr>

<!-- Submit and Reset ------>

<tr>

<td colspan="2" align="center">

<input type="submit" value="Submit">

<input type="reset" value="Reset">

</td>

</tr>

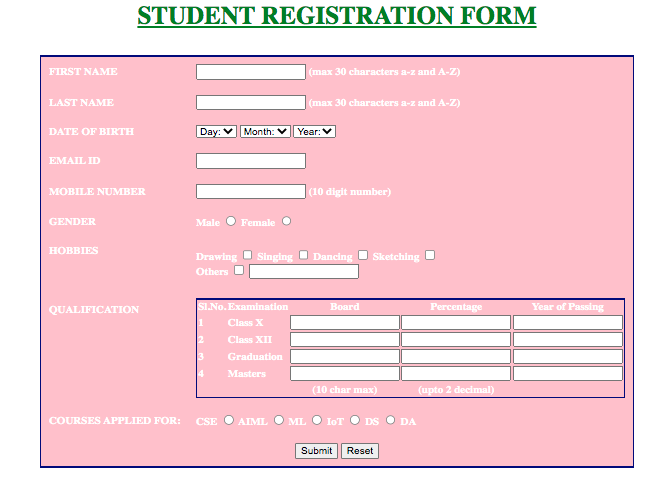
</table>

</form>

</body>

</html>

**OUTPUT:**

****