# List 01. <html> <head> </head> <body> Car Van Bus <br> Apple Orange Grapes Banana <br> type="1"> Cricket Football Rugby Athletics <br> <dl> <dt>Apple</dt> <dd>A fruit</dd>

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- <dt>Cabbage</dt>
- <dd>A vegetable</dd>
- </dl><br>
- Twelve
- Thirteen
- Fourteen
- Fifteen
- <br>
- Tee
- <li>Milk < /li>
- Coffee
- <br>
- type="1">
- Five
- Four
- Three
- </body>
- </html>



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Netherland England </dt> </body> </html> 03. <html> <head> </head> <body> <dl> Cricket <dt> T20 ODI Test </dt> Football Rugby Athletics <dt> Running events <dd> 100m

<li>200m</li>
<li>400m</li>
<li>Javelin Throw</li>
Tables
01.
<html></html>
<head></head>
<body></body>
First Name
Last Name
Age
Amal
Fernando
39

```
Sahan
Bandara
33
Kamal
Perera
36
Nimal
Rathnayake
36
<br>
America
Canada
Alaska
<center>Mexico</center>
Jamaica
California
```

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```
Brazil

</body>
</html>
```

```
chtml>
<head></head>
<body style="background-color:gray;">

<caption><h1 style="color:white;"><u>Timetable</u></h1></caption>

Monday
Tuesday
Thursday
Thursday
Thursday
Thursday
Thursday
Friday
Friday
Thursday
Thursday</th
```

```
Geography
Literature
Maths
Drama
IT
English
Dancing
Sinhala
Health
Music
Religion
English
IT Lab
<center style="color:red;">Interval</center>
Religion
Maths
Health
Tamil
IT
History
Drama
```

```
Library
IT Lab
Tamil
Sinhala
Art
Maths
Maths
Science
<center>For more details:
<a href=http://www.schoolnet.com/>www.schoolnet.com/</a>
</center>
 </body>
</html>
Forms
01.
<!DOCTYPE html>
<html>
<head>
<title>Registration Form</title>
</head>
<body>
<h1>Registration Form</h1>
```

```
<form action="submit.php" method="post">
First Name:
<input type="text" id="first name" name="first name">
Last Name
<input type="text" id="last name" name="last name">
Mobile Number
<input type="text" id="moile num" name="mobile num">
Gender
<input type="radio" id="male" name="gender">
<label for="gender">Male</label>
<input type="radio" id="female" name="gender">
<label for="gender">Female</label>
E-mail
<input type="text" id="mail" name="mail">
Favorite Music
```

```
<input type="checkbox" id="pop" name="favmusic" value="pop">
<label for="pop">POP</label>
<input type="checkbox" id="rock" name="favmsic" value="rock">
<label for="rock">Rock</label>
<input type="checkbox" id="other" name="favmsic" value="other">
<label for="other">Other</label>
Additional Delails
<textarea id="adddetails" name="adddetails" rows="5" cols="20"></textarea>
<input type="checkbox" id="msg" name="msg">
<label for="msg">I agree to the terms and conditions</label>
<br>
<input type="submit" value="Submit">
<input type="reset" value="Reset">
</form>
</body>
</html>
02.
<html>
<head>
<script>
function x()
```

```
{if (document.log.nm.value=="")}
</script>
</head>
<body>
<h3>Car Registation</h3>
<form>
Owner Name
<input type="text" name="on" placeholder="Owner Name">
Email
<input type="text" name="em" placeholder="Email">
Phone<br > number
<input type="text" name="pn" placeholder="Phone number">
Country
<select>
<selected="Sri Lanka">
<option>Sri Lanka
<option>India
<option>America</option></select>
Car Model
<input type="text" id="cm" name="cm">
Manufacture<br>Year
<select>
```

```
<selected="Select Year">
<option>Select Year</option>
<option>2000</option>
<option>2001</option>
<option>2002</option></select>
Transmission
<input type="radio" id="tr" name="tr">Manual
<input type="radio" id="tr" name="tr">Auto
Other
<textarea id="other" cols="20" rows="5"> </textarea>
<input type="checkbox" id ="msg" name="msg">I agree to the conditions and terms<br>
<input type="Submit" name="submit" value="Submit" onclick="x()">
<input type="Reset" name="Reset" value="Reset" onclick="x()"><br> <br>
</form>
</body>
</html>
Tutorial 02
<html>
<head> </head>
<body>
<b>Exercise 01</b>
<caption>Student Records</caption>
Student ID
```

```
Student Name
Degree
1002323
Nimesh Fernando
BSc in IT
1002424
Lasadun Bandara
BSc in Computer Science
<br>
<b>Exercise 02</b><br>
Programming Languages
C
C#
C++
JAVA
PYTHON
<b>Exercise 03</b>
<form>
Nmae<br>
Index Number<br>
</form>
</body>
</html>
```

## **CSS 01**

```
01.
<html>
<head>
<style>
body{background-image:url('my.jpg');}
h1{color:white;}
. card \{ background\text{-}color\text{:}rgba (255, 255, 255, 0.5);
width:300px;
height:200px;}
#title{color:red;}
#sample{color:blue;}
</style>
</head>
<body>
<center>
<h1 id="title">Quotes For Life</h1>
<div class="card">
<h2 id="sample">"You only live once,<br>
but if you do it right, <br>
once is enough."</h2>
</div>
</center>
</body>
</html>
```

```
02.
<html>
<head>
<style>
body{background-image:url('my.jpg');}
.card{background-color:rgb(0,0,0);
width:400px;
height:400px;}
h2{color:white;}
#tr{background-color:yellow;}
td{color:yellow;}
</style>
</head>
<body>
<center>
<div class="card">
<form>
<center><h2>Sign Up</h2></center>
First Name
<input type="text" name="fn" placeholder="Enter First Name">
Last Name
<input type="text" name="In" placeholder="Enter Last Name">
Date of Birth
```

```
<select>
<option>Date<option>
<option>01<option>
<option>02<option>
<option>03<option></select>
<select>
<option>Month<option>
<option>04<option>
<option>05<option>
<option>06<option></select>
<select>
<option>Year<option>
<option>1999<option>
<option>2000<option>
<option>2001<option></select>
Gender
<input type="radio" id="m" name="m">Male
<input type="radio" id="f" name="f">Female
Country
<select>
<option>Country<option>
<option>Sri Lanka<option>
<option>India<option>
<option>Nepal<option></select>
Email
<input type="text" name="em" placeholder="Enter E-mail">
Phone
```

```
<input type="text" name="pn" placeholder="Enter Phone">
Password
<input type="password" name="pw" value="">
Confirm Password
<input type="password" name="cpw" value="">
<input type="checkbox" name="msg" id="msg">
I Agree to the Terms of use
<input type="submit" name="Submit" id="Submit">
<input type="reset" name="Cancel" id="Cancel" value="Cancel">
</form>
</center>
</div>
</body>
</html>
```