EXP - 1

AIM : TO BUILD A REGISTRATION FORM USING HTML5 WITH MULTIPLE FEILDS.

Practical Registration Form Code :

```html
1   <!DOCTYPE html>
2   <html lang="en">
3   <head>
4     <meta charset="UTF-8" />
5     <meta name="viewport" content="width=device-width, initial-scale=1.0" />
6     <title>Student Registration Form</title>
7     <style>
8       body {
9         font-family: 'Segoe UI', Arial, sans-serif;
10        background: linear-gradient(135deg, #eef2ff, #f8fafc);
11        display: flex;
12        justify-content: center;
13        align-items: center;
14        min-height: 100vh;
15      }
16
17      form {
18        background: #ffffff;
19        padding: 25px;
20        width: 400px;
21        border-radius: 10px;
22        box-shadow: 0 4px 10px rgba(0, 0, 0, 0.1);
23      }
24
25      h2 {
26        text-align: center;
27        margin-bottom: 20px;
28        letter-spacing: 0.5px;
29        color: #1e293b;
30      }
31
32      label {
33        display: block;
34        margin-top: 12px;
35        font-weight: bold;
36      }
37
```

```
2   <html lang="en">
3   <head>
7     <style>
38      input[type="text"],
39      input[type="email"],
40      textarea,
41      select {
42        width: 100%;
43        padding: 8px;
44        margin-top: 5px;
45        border: 1px solid #c7d2fe;
46        border-radius: 6px;
47        transition: all 0.2s ease;
48      }
49
50      input:focus,
51      textarea:focus,
52      select:focus {
53        outline: none;
54        border-color: #6366f1;
55        box-shadow: 0 0 0 2px rgba(99, 102, 241, 0.2);
56      }
57
58      textarea {
59        resize: none;
60      }
61
62      .inline {
63        display: flex;
64        gap: 10px;
65        margin-top: 5px;
66      }
67
68      .inline label {
69        font-weight: normal;
70      }
```

```
2   <html lang="en">
3   <head>
7     <style>
72      button {
73        margin-top: 20px;
74        width: 100%;
75        padding: 11px;
76        background: linear-gradient(135deg, #6366f1, #2563eb);
77        color: white;
78        border: none;
79        border-radius: 999px;
80        cursor: pointer;
81        font-size: 16px;
82        font-weight: 600;
83        transition: transform 0.15s ease, box-shadow 0.15s ease;
84      }
85
86      button:hover {
87        transform: translateY(-1px);
88        box-shadow: 0 6px 15px rgba(37, 99, 235, 0.3);
89      }
90
91      button:hover {
92        background: #1e40af;
93      }
94    </style>
95  </head>
96  <body>
97
98    <form onsubmit="return validateForm()">
99      <h2>Student Registration Form</h2>
100
101     <label>Name</label>
102     <input type="text" id="name" required />
103
104     <label>E-mail ID</label>
```

```html
2    <html lang="en">
96   <body>
98     <form onsubmit="return validateForm()">
105      <input type="email" id="email" required />
106
107      <label>Phone Number</label>
108      <input type="text" id="phone" maxlength="10" required />
109
110      <label>Gender</label>
111      <div class="inline">
112        <label><input type="radio" name="gender" required /> Male</label>
113        <label><input type="radio" name="gender" /> Female</label>
114      </div>
115
116      <label>Date of Birth</label>
117      <div class="inline">
118        <select id="day" required>
119          <option value="">Day</option>
120          <script>
121            for (let i = 1; i <= 31; i++) {
122              document.write(`<option value='${i}'>${i}</option>`);
123            }
124          </script>
125        </select>
126
127        <select id="month" required>
128          <option value="">Month</option>
129          <option>Jan</option><option>Feb</option><option>Mar</option>
130          <option>Apr</option><option>May</option><option>Jun</option>
131          <option>Jul</option><option>Aug</option><option>Sep</option>
132          <option>Oct</option><option>Nov</option><option>Dec</option>
133        </select>
134
135        <select id="year" required>
136          <option value="">Year</option>
137          <script>
```

```html
2    <html lang="en">
96   <body>
98     <form onsubmit="return validateForm()">
117      <div class="inline">
135        <select id="year" required>
136          <option value="">Year</option>
137          <script>
138            for (let y = 1990; y <= 2025; y++) {
139              document.write(`<option value='${y}'>${y}</option>`);
140            }
141          </script>
142        </select>
143      </div>
144
145      <label>Languages Known</label>
146      <div class="inline">
147        <label><input type="checkbox" /> English</label>
148        <label><input type="checkbox" /> Hindi</label>
149      </div>
150
151      <label>Address</label>
152      <textarea rows="3" required></textarea>
153
154      <label>Subjects</label>
155      <div class="inline">
156        <label><input type="radio" name="subject" required /> Science</label>
157        <label><input type="radio" name="subject" /> Commerce</label>
158        <label><input type="radio" name="subject" /> Arts</label>
159      </div>
160
161      <button type="submit">Submit</button>
162    </form>
163
164    <script>
165      function validateForm() {
166        const phone = document.getElementById('phone').value;
```

```html
<html lang="en">
<body>
  <form onsubmit="return validateForm()">
    <div class="inline">
      <label><input type="radio" name="subject" required /> Science</label>
      <label><input type="radio" name="subject" /> Commerce</label>
      <label><input type="radio" name="subject" /> Arts</label>
    </div>

    <button type="submit">Submit</button>
  </form>

  <script>
    function validateForm() {
      const phone = document.getElementById('phone').value;
      if (!/^\d{10}$/.test(phone)) {
        alert('Phone number must be exactly 10 digits');
        return false;
      }
      alert('Form submitted successfully!');
      return true;
    }
  </script>

</body>
</html>
```

Output Screen Shot :

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Student Registration Form

Name

vedant

E-mail ID

leadworld.99@gmail.com

Phone Number

9867986978

Gender

◉ Male   ○ Female

Date of Birth

| 1 ⌄ | Jan ⌄ | 1990 ⌄ |

Languages Known

☑ English   ☑ Hindi

Address

jhjh,vjhvjhvjhvjv

Subjects

◉ Science   ○ Commerce   ○ Arts

Submit

Practice Registration Form Code (Example done in classroom):

```
1   <!DOCTYPE html>
2   <html>
3   <head>
4   <title>Registration Form</title>
5   <style>
6   body {
7   font-family: Arial, sans-serif;
8   margin: 30px;
9   }
10  form {
11  width: 400px;
12  padding: 50px;
13  border: 2px solid □#333;
14  border-radius: 10px;
15  }
16  label {
17  display: block;
18  margin-top: 10px;
19  font-weight: bold;
20  }
21  input, select, textarea {
22  width: 100%;
23  padding: 8px;
24  margin-top: 5px;
25  }
26  .gender, .hobbies {
27  width: auto;
28  }
29  button, input[type="submit"], input[type="reset"] {
30  width: 48%;
31  padding: 10px;
32  margin-top: 15px;
33  }
34  </style>
35  </head>
36  <body>
37  <h2>Student Registration Form</h2>
```

```html
35    </head>
36    <body>
37    <h2>Student Registration Form</h2>
38    <form action="#" method="post">
39    <!-- Full Name -->
40    <label for="name">Full Name:</label>
41    <input type="text" id="name" name="name" placeholder="Enter your full name"
42    required><br>
43    <!-- Email -->
44    <label for="email">Email:</label>
45    <input type="email" id="email" name="email" placeholder="Enter your email" required><br>
46    <!-- Password -->
47    <label for="password">Password:</label>
48    <input type="password" id="password" name="password" minlength="6" required><br>
49    <!-- Phone -->
50    <label for="phone">Phone Number:</label>
51    <input type="tel" id="phone" name="phone" pattern="[0-9]{10}" placeholder="10-digit
52    number"><br>
53    <!-- Gender -->
54    <label>Gender:</label>
55    <input type="radio" class="gender" name="gender" value="Male"> Male
56    <input type="radio" class="gender" name="gender" value="Female"> Female
57    <input type="radio" class="gender" name="gender" value="Other"> Other
58    <!-- Date of Birth -->
59    <br><label for="dob">Date of Birth:</label>
60    <input type="date" id="dob" name="dob" required><br>
61    <!-- Course Selection -->
62    <label for="course">Select Course:</label>
63    <select id="course" name="course" required>
64    <option value="">--Select--</option>
65    <option value="B.Tech">B.Tech</option>
66    <option value="BCA">BCA</option>
67    <option value="BBA">BBA</option>
68    <option value="MBA">MBA</option>
69    </select><br>
70    <!-- Hobbies -->
71    <label>Hobbies:</label>
```

```html
60    <input type="date" id="dob" name="dob" required><br>
61    <!-- Course Selection -->
62    <label for="course">Select Course:</label>
63    <select id="course" name="course" required>
64    <option value="">--Select--</option>
65    <option value="B.Tech">B.Tech</option>
66    <option value="BCA">BCA</option>
67    <option value="BBA">BBA</option>
68    <option value="MBA">MBA</option>
69    </select><br>
70    <!-- Hobbies -->
71    <label>Hobbies:</label>
72    <input type="checkbox" class="hobbies" name="hobby1" value="Reading"> Reading
73    <input type="checkbox" class="hobbies" name="hobby2" value="Sports"> Sports
74    <input type="checkbox" class="hobbies" name="hobby3" value="Music"> Music<br>
75    <!-- Upload Photo -->
76    <label for="photo">Upload Photo:</label>
77    <input type="file" id="photo" name="photo" accept="image/*"><br>
78    <!-- Address -->
79    <label for="address">Address:</label>
80    <textarea id="address" name="address" rows="3" placeholder="Enter your
81    address"></textarea><br>
82    <!-- Submit & Reset -->
83    <input type="submit" value="Register">
84    <input type="reset" value="Clear">
85    </form>
86    </body>
87    </html>
```

7

Output Screensshot :

Student Registration Form

Full Name:

Enter your full name

Email:

Enter your email

Password:

Phone Number:

10-digit number

Gender:
○ Male ○ Female ○ Other

Date of Birth:

dd-mm-yyyy

Select Course:

--Select--

Hobbies:
☐ Reading ☐ Art ☐ Sports ☐ Music

Upload Photo:

Choose File | No file chosen

Address:

Enter your address

Register   Clear

Student Registration Form

Full Name:

Utkarsh Sharma

Email:

utk19@gmail.com

Password:

••••••••••

Phone Number:

5456985214

Gender:
◉ Male ○ Female ○ Other

Date of Birth:

19-05-2004

Select Course:

B.Tech

Hobbies:
☐ Reading ☑ Art ☐ Sports ☑ Music

Upload Photo:

Choose File | utk pic.png

Address:

Plot no : 225/2 , sector : 3 A New , Gandhinagar, Gujarat , 382006

Register   Clear