NAVODAYA INSTITUTE OF TECHNOLOGY, RAICHUR

DEPARMENT OF COMPUTER SCIENCE & ENGINEERING

Web Technology Lab

Program - 4

4. Develop HTML page named as "registration.html" having variety of HTML input elements with background colors, table for alignment & provide font colors & size using CSS styles.

Program :

```html
<!DOCTYPE html>

<head>
    <title>Registration Form | vtucode</title>
    <style>
      body {
          font-family: Arial, sans-serif;
          background-color: #f0f4f8;
          margin: 0;
          padding: 20px;
          display: flex;
          justify-content: center;
          align-items: center;
          min-height: 100vh;
      }

      .container {
          width: 100%;
          max-width: 600px;
          background-color: #fff;
          padding: 20px;
          border-radius: 8px;
          box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
          display: flex;
          flex-direction: column;
          gap: 20px;
      }
```

```css
h2 {
   text-align: center;
   color: #333;
   margin: 0;
}

.form-group {
   display: flex;
   flex-direction: column;
   gap: 5px;
   margin-bottom: 10px;
}

label {
   font-size: 14px;
   color: #555;
}

input[type="text"],
input[type="email"],
input[type="password"],
input[type="date"],
select,
textarea {
   padding: 10px;
   border: 1px solid #ccc;
   border-radius: 4px;
   font-size: 14px;
}

.gender-options {
   display: flex;
   gap: 10px;
   align-items: center;
}

input[type="submit"],
input[type="reset"] {
   padding: 10px 20px;
   border: none;
   border-radius: 4px;
   cursor: pointer;
   font-size: 16px;
   flex: 1;
}
```

```css
        .button-group {
            display: flex;
            gap: 10px;
            justify-content: center;
        }

        input[type="submit"] {
            background-color: #4CAF50;
            color: white;
        }

        input[type="reset"] {
            background-color: #f44336;
            color: white;
        }

        .form-group textarea {
            margin-bottom: 10px;
        }
    </style>
</head>

<body>
    <div class="container">
        <h2>Registration Form</h2>
        <form action="#" method="post">
            <div class="form-group">
                <label for="firstName">First Name:</label>
                <input type="text" id="firstName" name="firstName" required>
            </div>
            <div class="form-group">
                <label for="lastName">Last Name:</label>
                <input type="text" id="lastName" name="lastName" required>
            </div>
            <div class="form-group">
                <label for="email">Email:</label>
                <input type="email" id="email" name="email" required>
            </div>
            <div class="form-group">
                <label for="password">Password:</label>
                <input type="password" id="password" name="password" required>
            </div>
            <div class="form-group">
                <label for="dob">Date of Birth:</label>
                <input type="date" id="dob" name="dob">
```

```html
        </div>
        <div class="form-group">
            <label>Gender:</label>
            <div class="gender-options">
                <input type="radio" id="male" name="gender" value="male">
                <label for="male">Male</label>
                <input type="radio" id="female" name="gender" value="female">
                <label for="female">Female</label>
            </div>
        </div>
        <div class="form-group">
            <label for="country">Country:</label>
            <select id="country" name="country">
                <option value="usa">USA</option>
                <option value="canada">Canada</option>
                <option value="uk">UK</option>
                <option value="india">India</option>
            </select>
        </div>
        <div class="form-group">
            <label for="bio">Bio:</label>
            <textarea id="bio" name="bio" rows="4"></textarea>
        </div>
        <div class="button-group">
            <input type="submit" value="Register">
            <input type="reset" value="Reset">
        </div>
    </form>
  </div>
</body>

</html>
```

Output :

Registration Form

First Name:

Last Name:

Email:

Password:

Date of Birth:

mm/dd/yyyy

Gender:
- ○ Male
- ○ Female

Country:

USA ⌄

Bio:

Register   Reset