

HTML TASK Day-10

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Task 1

Application Form

First Name: Last Name:

Date of birth: Age:

Gender: Email Address:

Position Available: ☐ Junior Developer ☐ Mid-level Developer ☐ Sennior Developer

Programming Languages: ☐ Java ☐ JavaScript ☐ Python

Password: Confirm Password:

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Document</title>
</head>
<body>
  <h1>Application Form</h1>
  <form>
    First Name: <input type="text" name="" id="">
    Last Name: <input type="text" name="" id=""> <br><br>
    Date of birth: <input type="date" name="" id="" placeholder="mm/dd/yyyy">
    Age: <input type="number" name="" id=""><br><br>
    Gender: <select>
      <option value="">Male</option>
      <option value="">Female</option>
    </select>
    Email Address: <input type="email" name="" id="" placeholder="Enter email address"><br><br>
    Position Available: <input type="radio" name="a" id="">Junior Developer
                      <input type="radio" name="a" id="">Mid-level Developer
                      <input type="radio" name="a" id="">Sennior Developer <br><br>
    Programming Languages: <input type="checkbox" name="" id="">Java
```

```

        <input type="checkbox">JavaScript
        <input type="checkbox">Python <br><br>
        Password: <input type="password" name="" id="">
        Confirm Password: <input type="password" name="" id=""> <br><br>
        <input type="submit" name="" id="">
        <input type="reset" name="" id="">
    </form>
</body>
</html>

```

Task 2

Contact Details

Please enter your personel details:

<u>F</u>irst name: *	<input type="text"/>
<u>L</u>ast name: *	<input type="text"/>
Street <u>a</u>ddress:	<input type="text"/>
<u>T</u>own/city:	<input type="text"/>
Post<u>c</u>ode/zip:	<input type="text"/>
Tele<u>p</u>hone:	<input type="text"/>
<u>M</u>obile:	<input type="text"/>
<u>E</u>mail address: *	<input type="text"/>

Fields marked * are reuired.

Submit

```

<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Document</title>

```

```

</head>
<body>
  <h2>Contact Details</h2>
  <table>
    <form>
      Please enter your personel details:
      <tr>
        <td><b><u>F</u></b>irst name: <b>*</b></td>
        <td><input type="text" name="" id=""></td>
      </tr>
      <tr>
        <td><u><b>L</b></u>ast name: <b>*</b></td>
        <td><input type="text" name="" id=""></td>
      </tr>
      <tr>
        <td>Street <b><u>a</u></b>ddress:</td>
        <td><input type="text" row="10" name="" id=""></td>
      </tr>
      <tr>
        <td><b><u>T</u></b>own/city:</td>
        <td><input type="text" name="" id=""></td>
      </tr>
      <tr>
        <td>Post<b><u>c</u></b>ode/zip:</td>
        <td><input type="text" name="" id=""></td>
      </tr>
      <tr>
        <td>Tele<b><u>p</u></b>hone:</td>
        <td><input type="text" name="" id=""></td>
      </tr>
      <tr>
        <td><b><u>M</u></b>obile:</td>
        <td><input type="text" name="" id=""></td>
      </tr>
      <tr>
        <td><b><u>E</u></b>mail address: <b>*</b></td>
        <td><input type="email" name="" id=""></td>
      </tr>
      <tr>
        <td></td>
        <td>Fields marked * are reuired.</td>
      </tr>
      <tr>
        <td></td>
        <td align="center"><input type="submit" name="" id=""></td>
      </tr>
    </form>
  </table>
</body>
</html>

```

Task 3

User info form:

Name:

Party:

- ☐ Democrat
☐ Republican

State:

Comments:

Send me more information: ☐

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Document</title>
</head>
<body>
  User info form: <br>
  Name: <input type="text" placeholder="Smith"><br><br>
  Party: <br>
  <input type="radio" name="a" id="">Democrat <br>
  <input type="radio" name="a" id="">Republican <br><br>
  State: <br>
  <select> <option>Oregon</option></select> <br><br>
  Comments: <br>
  <textarea cols="30" rows="10"></textarea><br><br>
  Send me more information: <input type="checkbox" name="" id=""><br><br>
  <input type="reset" value="Clear Form">
  <input type="submit" value="Send info">
</body>
</html>
```

Task 4

HTML Form Action

Full Name:

Gender:

Contact No:

Submit

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Document</title>
  <style>
    div{
      border: 2px solid yellow;
      margin: auto;
      padding-left: 10px;
      width: 30%;
    }
  </style>
</head>
<body>
  <div>
    <h3>HTML Form Action</h3>
    <form action="">
      Full Name: <br>
      <input type="text" name="" id=""><br>
      Gender: <br>
      <input type="text" name="" id=""><br>
      Contact No: <br>
```

```

        <input type="text" name="" id=""><br><br>
        <input type="submit" name="" id=""><br><br>
    </form>
</div>
</body>
</html>

```

Task 5

Software Request

Name *

Employee ID *

Email *

Mobile NO / Extn.NO *

Which Software do you require? *

☐ Software A
 ☐ Software B
 ☐ Software C

How urgently do you need it? *

☐ As soon as possible
 ☐ Within in 2 to 3 weeks
 ☐ i'm in no hurry

Request

```

<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Document</title>
    <style>
        i{
            color: red;
        }
        h2{
            color: blue;

```

```

    }
    .a{
        width: 100%;
    }
    .b{
        background-color: blue;
        color: white;
    }
    div{
        width: 500px;
        border: 2px solid black;
        margin: auto;
        padding: 20px;
        font-size: 12px;
    }
</style>
</head>
<body>
<div>
    <h2 align="center">Software Request</h2><hr>
    Name <i>*</i><br> <input type="text" name="" id="" class="a"><br><br>
    Employee ID <i>*</i><br> <input type="number" name="" id="" class="a"><br><br>
    Email <i>*</i><br> <input type="email" name="" id="" class="a"><br><br>
    Mobile NO / Extn.NO <i>*</i><br> <input type="text" name="" id="" class="a"><br><br>
    Which Software do you require? <i>*</i><br>
    <input type="checkbox" name="" id="">Software A
    <input type="checkbox" name="" id="">Software B
    <input type="checkbox" name="" id="">Software C <br><br>
    How urgently do you need it? <i>*</i><br>
    <input type="radio" name="a" id="">As soon as possible
    <input type="radio" name="a" id="">Within in 2 to 3 weeks
    <input type="radio" name="a" id="">i'm in no hurry
    <br><br>
    <input type="submit" name="" id="" value="Request" class="a b">
</div>
</body>
</html>

```

Task 6

Student Data Entry Form

Student Name:

Email:

Gender: ☐ Boy ☐ Girl

City/Town

Comments:

Reset

Submit

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Document</title>
</head>
<body>
  <form>
    <h1>Student Data Entry Form</h1>
    Student Name: <input type="text" name="" id=""><br><br>
    Email: <input type="email" name="" id=""><br><br>
    Gender: <input type="radio" name="a" id="">Boy
           <input type="radio" name="a" id="">Girl <br><br>
    City/Town <select><option>Madurai</option></select><br><br>
    Comments: <br>
    <textarea name="" id="" cols="30" rows="10"></textarea><br><br>
    <input type="reset" name="" id="">
    <input type="submit" name="" id="">
  </form>
</body>
</html>
```


Task 7

Zoo Keeper Application Form

Please complete the form, Mandatory fields are marked with a *

CONTACT DETAILS

Name *

Telephone*

Email *

PERSONAL INFORMATION

Age *

Gender

Female

When did you first know you wanted to be a zoo-keeper?

PICK YOUR ANIMAL

☐ Zebra ☐ Cat ☐ Anaconda ☐ Human

☐ Elephant ☐ Wildebeest ☐ Pigeon ☐ Crab

Submit Application

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Document</title>
  <style>
    i{
      color: red;
    }
  </style>
</head>
<body>
  <h1>Zoo Keeper Application Form</h1>
  <p>Please complete the form, Mandatory fields are marked with a <i>*</i></p>
  <form>
    <fieldset>
      <legend>CONTACT DETAILS</legend>
      Name <i>*</i> <input type="text" name="" id=""><br>
      Telephone<i>*</i> <input type="text" name="" id=""><br>
      Email <i>*</i> <input type="text" name="" id=""><br>
    </fieldset><br><br>
    <fieldset>
      <legend>PERSONAL INFORMATION</legend>
      Age <i>*</i> <input type="text" name="" id=""><br>
```

```

    Gender <select><option>Female </option></select><br>
    When did you first know you wanted to be a zoo-keeper?
    <textarea name="" id="" cols="30" rows="10"></textarea> <br><br>
</fieldset><br><br>
<fieldset>
    <legend>PICK YOUR ANIMAL</legend>
    <input type="checkbox">Zebra
    <input type="checkbox">Cat
    <input type="checkbox">Anaconda
    <input type="checkbox">Human <br>
    <input type="checkbox">Elephant
    <input type="checkbox">Wildebeest
    <input type="checkbox">Pigeon
    <input type="checkbox">Crab
</fieldset><br><br>
    <input type="submit" value="Submit Application">
</form>
</body>
</html>

```

Task 8

A Sample HTML Form

User Id:

Password:

☐ Add me to your contact list. ☐ Add me to your mailing list.

Contact me by:

☐ Email ☐ Postal mail ☐ Both

By clicking on the "Submit" button, the form data will be sent to a page named "test.html".

```

<!DOCTYPE html>
<html lang="en">

```

```
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Document</title>
</head>
<body>
  <h1>A Sample HTML Form</h1>
  <form>
    User Id: <br>
    <input type="text" placeholder="steve.smith" disabled><br><br>
    Password: <br>
    <input type="password" placeholder="....."><br><br>
    <input type="checkbox">Add me to your contact list.
    <input type="checkbox">Add me to your mailing list. <br><br>
    Contact me by: <br>
    <input type="radio" name="a" id="">Email
    <input type="radio" name="a" id="">Postal mail
    <input type="radio" name="a" id="">Both <br><br>
    <input type="submit" name="" id="">
    <input type="reset" name="" id=""><br><br>
    By clicking on the "Submit" button, the form data will be sent to a page named "test.html".

  </form>
</body>
</html>
```