

Name: Aditya Nalini

Registration Number: 19BCE0980

# Form

Code:

```
form.html X
IWPLab > Activity 2 > form.html > html > body > form > fieldset > br
1  <!DOCTYPE html>
2
3  <html>
4
5  <head>
6    <title>Form</title>
7  </head>
8
9  <body>
10    <h1>Form</h1> <hr />
11    <form>
12      <fieldset>
13        <legend>Sample form items:</legend>
14
15        <label for="name">Name:</label>
16        <input type="text" name="name"><br><br>
17
18        <label for="email">Email:</label>
19        <input type="email" name="email"><br><br>
20
21        <label for="birthday">Birthday:</label>
22        <input type="date" name="birthday"><br><br>
23
24        <label for="password">Password:</label>
25        <input type="password" name="password"><br><br>
26
27        <label for="gender">Gender:</label><br>
28        <input type="radio" name="gender" value="male">
29        <label for="gender">Male</label><br>
30        <input type="radio" name="gender" value="female">
31        <label for="gender">Female</label><br><br>
```

```

32
33     <label for="colours">What colours do you like?</label><br>
34     <input type="checkbox" name="colour1" value="Blue">
35     <label for="colour1">Blue</label><br>
36     <input type="checkbox" name="colour2" value="Red">
37     <label for="colour2">Red</label><br>
38     <input type="checkbox" name="colour3" value="Green">
39     <label for="colour3">Green</label><br>
40     <input type="checkbox" name="colour4" value="Purple">
41     <label for="colour4">Purple</label><br><br>
42
43     <label for="upload">Upload Resume:</label>
44     <input type="file" name="upload"><br><br>
45
46     <label for="details">Details:</label>
47     <textarea name="details">
48     |     Submit details!
49     </textarea><br><br>
50
51     <label for="education">Choose highest degree:</label>
52     <select name="degree">
53     <option value="nursery">Nursery</option>
54     <option value="high-school">High School</option>
55     <option value="higher-secondary">Higher Secondary</option>
56     <option value="college">College</option>
57     </select><br><br>
58
59     <input type="submit" value="Submit">
60 </fieldset>
61 </form>
62 </body>
63
64 </html>

```

<!DOCTYPE html>

<html>

<head>

    <title>Form</title>

</head>

<body>

```
<h1>Form</h1> <hr />
```

```
<form>
```

```
  <fieldset>
```

```
    <legend>Sample form items:</legend>
```

```
    <label for="name">Name:</label>
```

```
    <input type="text" name="name"><br><br>
```

```
    <label for="email">Email:</label>
```

```
    <input type="email" name="email"><br><br>
```

```
    <label for="birthday">Birthday:</label>
```

```
    <input type="date" name="birthday"><br><br>
```

```
    <label for="password">Password:</label>
```

```
    <input type="password" name="password"><br><br>
```

```
    <label for="gender">Gender:</label><br>
```

```
    <input type="radio" name="gender" value="male">
```

```
    <label for="gender">Male</label><br>
```

```
    <input type="radio" name="gender" value="female">
```

```
    <label for="gender">Female</label><br><br>
```

```
    <label for="colours">What colours do you like?</label><br>
```

```
    <input type="checkbox" name="colour1" value="Blue">
```

```
    <label for="colour1">Blue</label><br>
```

```
    <input type="checkbox" name="colour2" value="Red">
```

```
    <label for="colour2">Red</label><br>
```

```
    <input type="checkbox" name="colour3" value="Green">
```

<label for="colour3">Green</label><br>

<input type="checkbox" name="colour4" value="Purple">

<label for="colour4">Purple</label><br><br>

<label for="upload">Upload Resume:</label>

<input type="file" name="upload"><br><br>

<label for="details">Details:</label>

<textarea name="details">

Submit details!

</textarea><br><br>

<label for="education">Choose highest degree:</label>

<select name="degree">

<option value="nursery">Nursery</option>

<option value="high-school">High School</option>

<option value="higher-secondary">Higher Secondary</option>

<option value="college">College</option>

</select><br><br>

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

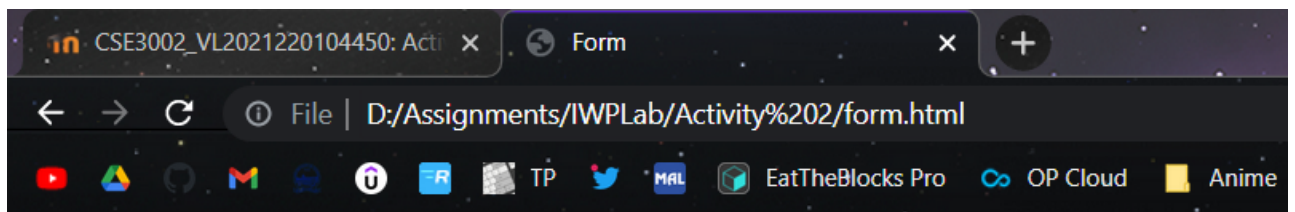
</fieldset>

</form>

</body>

</html>

Output:




# Form

Sample form items:

Name:

Email:

Birthday:  

Password:

Gender:

- ☒ Male  
☐ Female

What colours do you like?

- ☒ Blue  
☐ Red  
☐ Green  
☒ Purple

Upload Resume:  Resume.pdf

Details:

Choose highest degree: