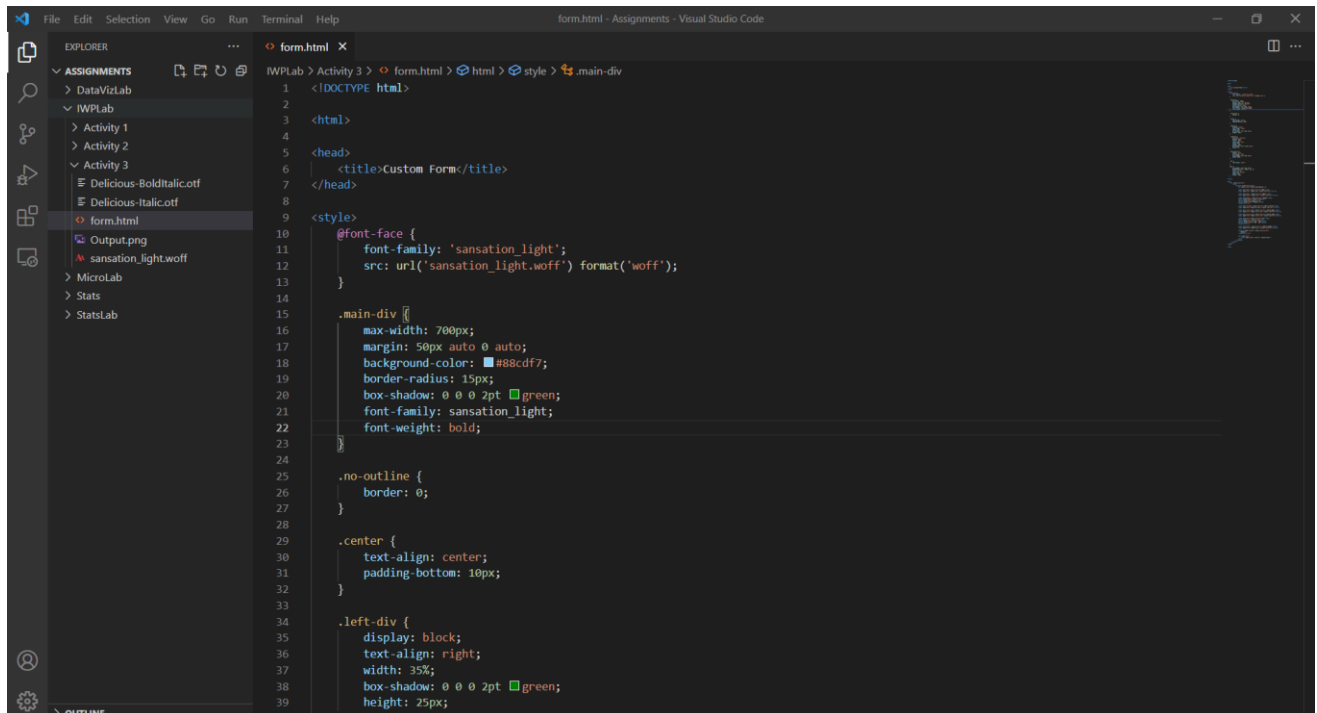


Name: Aditya Nalini

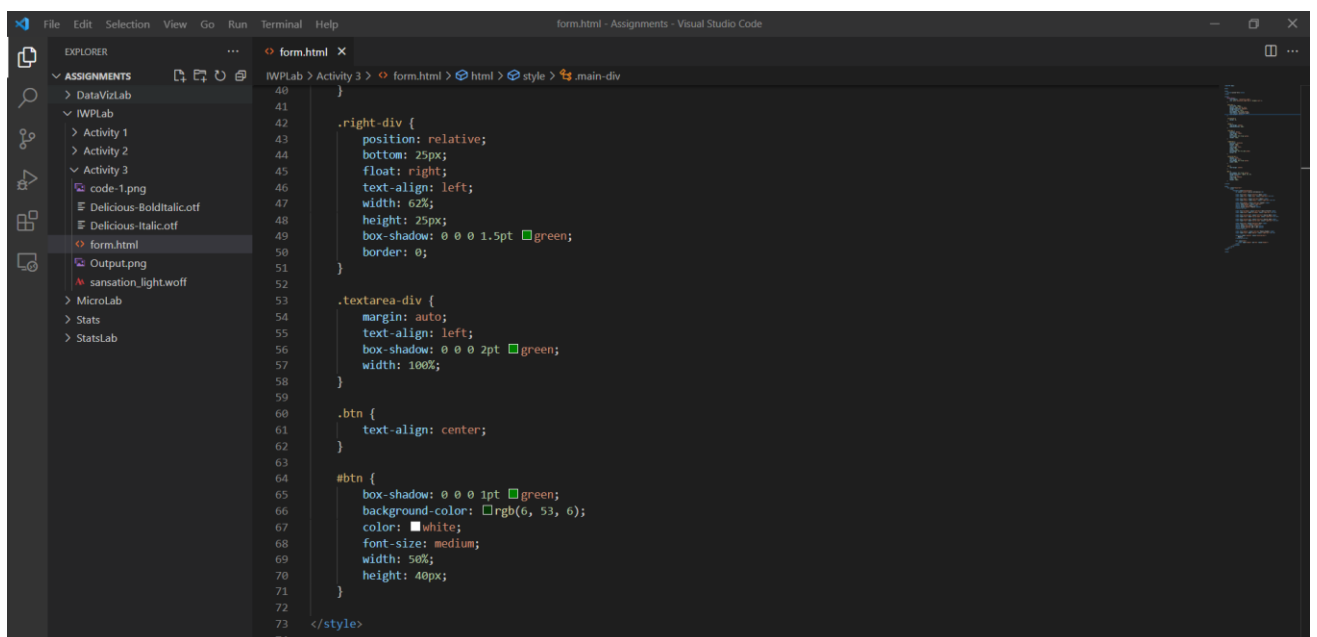
Registration Number: 19BCE0980

Experiment 3: Custom Form

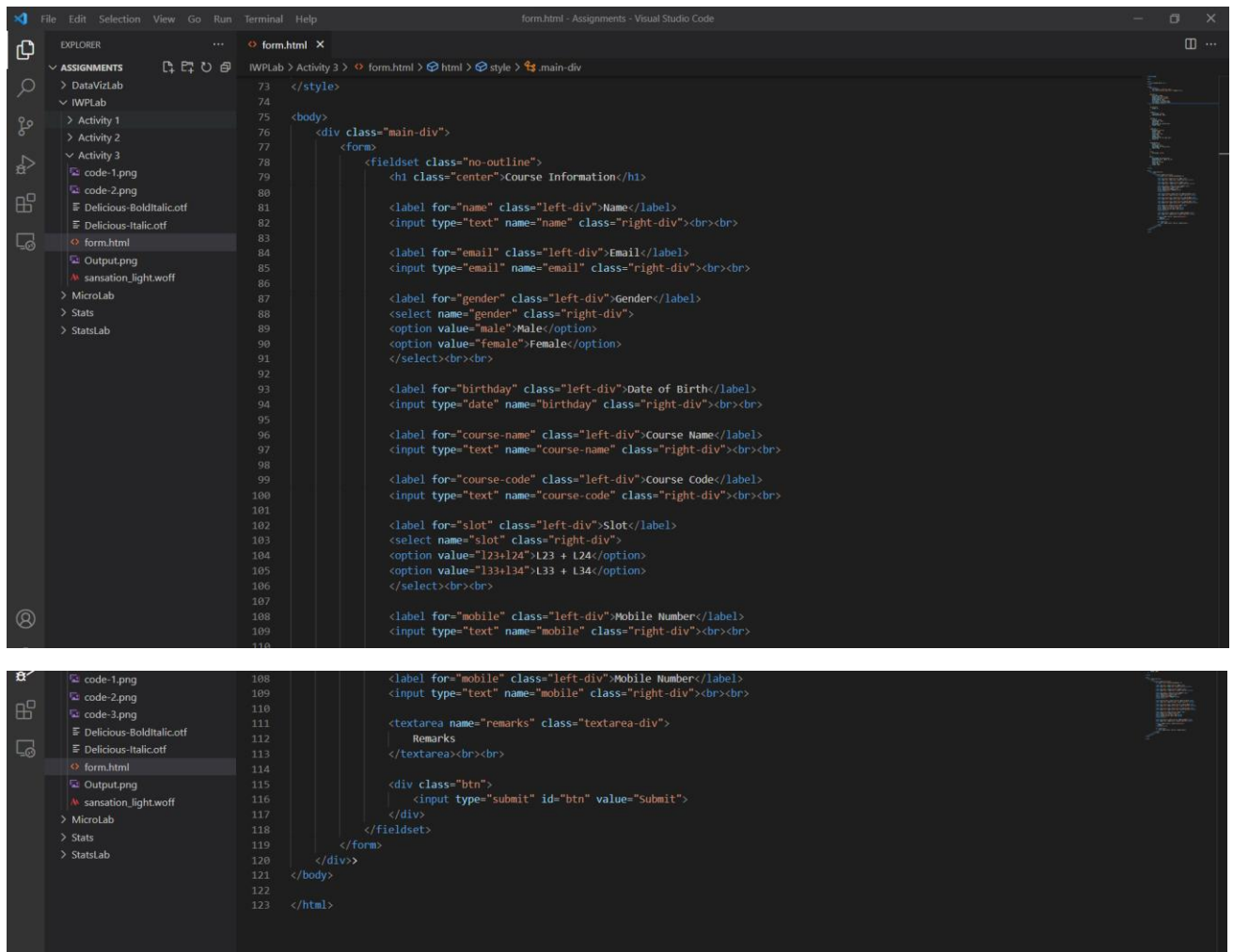
Code:



```
1 <!DOCTYPE html>
2
3 <html>
4
5 <head>
6   <title>Custom Form</title>
7 </head>
8
9 <style>
10  @font-face {
11    font-family: 'sansation_light';
12    src: url('sansation_light.woff') format('woff');
13  }
14
15  .main-div {
16    max-width: 700px;
17    margin: 50px auto 0 auto;
18    background-color: #8acdf7;
19    border-radius: 15px;
20    box-shadow: 0 0 0 2pt green;
21    font-family: sansation_light;
22    font-weight: bold;
23  }
24
25  .no-outline {
26    border: 0;
27  }
28
29  .center {
30    text-align: center;
31    padding-bottom: 10px;
32  }
33
34  .left-div {
35    display: block;
36    text-align: right;
37    width: 35%;
38    box-shadow: 0 0 0 2pt green;
39    height: 25px;
40  }
```



```
40  }
41
42  .right-div {
43    position: relative;
44    bottom: 25px;
45    float: right;
46    text-align: left;
47    width: 62%;
48    height: 25px;
49    box-shadow: 0 0 0 1.5pt green;
50    border: 0;
51  }
52
53  .textarea-div {
54    margin: auto;
55    text-align: left;
56    box-shadow: 0 0 0 2pt green;
57    width: 100%;
58  }
59
60  .btn {
61    text-align: center;
62  }
63
64  #btn {
65    box-shadow: 0 0 0 1pt green;
66    background-color: rgb(6, 53, 0);
67    color: white;
68    font-size: medium;
69    width: 50%;
70    height: 40px;
71  }
72
73 </style>
74
```



<!DOCTYPE html>

<html>

<head>

<title>Custom Form</title>

</head>

<style>

@font-face {

font-family: 'sansation_light';

src: url('sansation_light.woff') format('woff');

}

```
.main-div {  
    max-width: 700px;  
    margin: 50px auto 0 auto;  
    background-color: #88cdf7;  
    border-radius: 15px;  
    box-shadow: 0 0 0 2pt green;  
    font-family: sansation_light;  
    font-weight: bold;  
}
```

```
.no-outline {  
    border: 0;  
}
```

```
.center {  
    text-align: center;  
    padding-bottom: 10px;  
}
```

```
.left-div {  
    display: block;  
    text-align: right;  
    width: 35%;  
    box-shadow: 0 0 0 2pt green;  
    height: 25px;  
}
```

```
.right-div {  
    position: relative;  
    bottom: 25px;
```

```
float: right;

text-align: left;

width: 62%;

height: 25px;

box-shadow: 0 0 0 1.5pt green;

border: 0;

}
```

```
.textarea-div {

margin: auto;

text-align: left;

box-shadow: 0 0 0 2pt green;

width: 100%;

}
```

```
.btn {

text-align: center;

}
```

```
#btn {

box-shadow: 0 0 0 1pt green;

background-color: rgb(6, 53, 6);

color: white;

font-size: medium;

width: 50%;

height: 40px;

}
```

</style>

<body>

```
<div class="main-div">
```

```
<form>
```

```
<fieldset class="no-outline">
```

```
<h1 class="center">Course Information</h1>
```

```
<label for="name" class="left-div">Name</label>
```

```
<input type="text" name="name" class="right-div"><br><br>
```

```
<label for="email" class="left-div">Email</label>
```

```
<input type="email" name="email" class="right-div"><br><br>
```

```
<label for="gender" class="left-div">Gender</label>
```

```
<select name="gender" class="right-div">
```

```
<option value="male">Male</option>
```

```
<option value="female">Female</option>
```

```
</select><br><br>
```

```
<label for="birthday" class="left-div">Date of Birth</label>
```

```
<input type="date" name="birthday" class="right-div"><br><br>
```

```
<label for="course-name" class="left-div">Course Name</label>
```

```
<input type="text" name="course-name" class="right-div"><br><br>
```

```
<label for="course-code" class="left-div">Course Code</label>
```

```
<input type="text" name="course-code" class="right-div"><br><br>
```

```
<label for="slot" class="left-div">Slot</label>
```

```
<select name="slot" class="right-div">
```

```
<option value="l23+l24">L23 + L24</option>
```

```
<option value="l33+l34">L33 + L34</option>
```

```
</select><br><br>
```

```
<label for="mobile" class="left-div">Mobile Number</label>
```

```
<input type="text" name="mobile" class="right-div"><br><br>
```

```
<textarea name="remarks" class="textarea-div">
```

```
    Remarks
```

```
</textarea><br><br>
```

```
<div class="btn">
```

```
    <input type="submit" id="btn" value="Submit">
```

```
</div>
```

```
</fieldset>
```

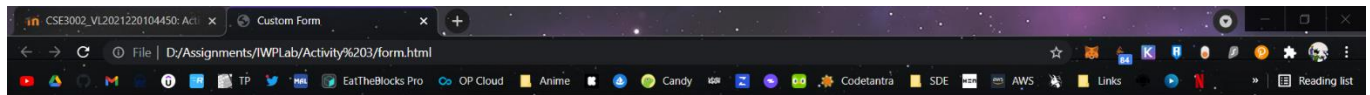
```
</form>
```

```
</div>>
```

```
</body>
```

```
</html>
```

Output:



Course Information

| | |
|---------------------------------------|---|
| Name | <input type="text"/> |
| Email | <input type="text"/> |
| Gender | <input type="text" value="Male"/> |
| Date of Birth | <input type="text" value="dd-mm-yyyy"/> |
| Course Name | <input type="text"/> |
| Course Code | <input type="text"/> |
| Slot | <input type="text" value="L23 + L24"/> |
| Mobile Number | <input type="text"/> |
| Remarks | <input type="text"/> |
| <input type="button" value="Submit"/> | |