

## SET 1:

Design a registration form using tkinter

### STUDENT REGISTRATION FORM

FIRST NAME

(max 30 characters a-z and A-Z)

LAST NAME

(max 30 characters a-z and A-Z)

DATE OF BIRTH

Day:

Month:

Year:

EMAIL ID

MOBILE NUMBER

(10 digit number)

GENDER

Male

Female

ADDRESS

CITY

(max 30 characters a-z and A-Z)

PIN CODE

(6 digit number)

STATE

(max 30 characters a-z and A-Z)

COUNTRY

India

HOBBIES

Drawing

Singing

Dancing

Sketching

Others

QUALIFICATION

Sl.No.	Examination	Board	Percentage	Year of Passing
1	Class X			
2	Class XII			
3	Graduation			
4	Masters			

(10 char max)

(upto 2 decimal)

COURSES APPLIED FOR

BCA

B.Com

B.Sc

B.A

Submit

Reset

SET 2:

Create a Registration form for Job Portal USING TKINTER

## Job Application

### Personal Information

Name

First Name

Last Name

Email

user@example.com

Education

Please Choose

Resume

Choose File

No file chosen

Address

Address 1

Address 2

Select a Country

Country

City

State

Zip Code

Phone Number

What are your hobbies?

### Precious/Current Employment Details

Company Name

Job Title

How long were you here?

### Reference #1

Name

Phone

### Reference #2

Name

Phone

412 × 717

Apply

SET 3

CONVERT THE FOLLOWING MANUAL FORM INTO DIGITAL MODE USING TKINTER

REGISTRATION INFORMATION			
<b>Registration Period:</b> (check one) <input type="checkbox"/> One Year <input type="checkbox"/> Two Years (\$2 discount applies) <input type="checkbox"/> Three Years (\$3 discount applies) <small>(not available for vehicles subject to emissions testing)</small>			
<b>Registration Type:</b> (check one) <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Private <input type="checkbox"/> Reissue (Plates & Decals) <small>See Reissue Plates below under Plate Information.</small>			
<input type="checkbox"/> Reissue (Decals Only) <input type="checkbox"/> Rental Vehicle		<input type="checkbox"/> Transfer License Plate Number: _____ <small>ENTER PLATE NUM</small>	
<input type="checkbox"/> For Hire (complete "For Hire Information" section)		<input type="checkbox"/> Ridesharing (Vanpool) (Cannot exceed 16 passengers including driver.) Seating Capacity _____	
<input type="checkbox"/> Amateur Radio Operator Call Letters – Specify letters: _____		<input type="checkbox"/> Other: _____ <small>SPECIFY</small>	
OWNER INFORMATION			
OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)		TELEPHONE NUMBER ( )	DMV CUSTOMER NUMBER / FEIN / SSN
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)		TELEPHONE NUMBER ( )	DMV CUSTOMER NUMBER / FEIN / SSN
<b>NOTE:</b> Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.			RESIDENCE/BUSINESS JURISDICTION
OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)		CITY	STATE ZIP CODE
CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)		CITY	STATE ZIP CODE
OWNER EMAIL ADDRESS		CO-OWNER EMAIL ADDRESS	
ADDITIONAL INFORMATION			
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED		IF NEW LOCATION ENTER DATE CHANGED	Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF _____			
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL		CITY	STATE ZIP CODE

# SET 4

Design a registration form for hotel room accommodation by converting this manual from into digital format using tkinter

Title	
Last Name	
First Name(s)	
Share with	
Business number	
Mobile Number	
Email Address	
Date of Arrival	
Date of Departure	
Name on Credit Card	
Credit Card Number	
Expiry Date	
CVV Number	
Payment Method	<input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Bank Transfer

Negotiated Rates:

<input type="checkbox"/> Deluxe Room Single	R1700	<input type="checkbox"/> Deluxe Room Double	R1700
<input type="checkbox"/> Suites Room Single	R 1700	<input type="checkbox"/> Suites Room Double	R 1700
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Room Preference:

<input type="checkbox"/> King Bed	<input type="checkbox"/> Twin – Two Single Beds
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The above rates are quoted per room, per night. The rates include breakfast, 14% vat, and Excludes 1% Tourism Levy and a voluntary R10 donation to the Arabella Community Trust that will be levied onto your account.

Total amount payable      ZAR \_\_\_\_\_ x \_\_\_\_\_ nights = ZAR \_\_\_\_\_ due to Arabella Hotel and Spa

Credit Card will be charged on receipt of this form and details will also be used to settle all incidentals not settle on departure. A copy of the final folio will be sent to you should there be any unsettled charges.

In order to qualify for the above rates, your booking needs to be made on or before **15<sup>th</sup> January 2016**

Terms and conditions can be found on the next page.

The rate is valid for seven days before and after the conference dates. Check in time is 14:00 & check out time is 11:00

By your signature hereto, you are accepting all terms and conditions specified on this form and confirm that all information given is current and accurate.

Signature \_\_\_\_\_

Print name: \_\_\_\_\_

Date \_\_\_\_\_

SET 5:

Design a GUI using tkinter for CAB Rental booking.

## CAR RENTAL RECEIPT

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

### Rental Company Info

Company: \_\_\_\_\_

Representative: \_\_\_\_\_

Location: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

### Lessee Info

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

### Vehicle Information

VIN: \_\_\_\_\_ Registration #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Mileage: \_\_\_\_\_

Color: \_\_\_\_\_

VIN	Cost/Day	# of Days	Additional Costs	Line Total
Payment Method:			Subtotal:	
<input type="checkbox"/> Cash. <input type="checkbox"/> Check. No: _____			Tax (      %):	
<input type="checkbox"/> Credit. No: _____			Total:	
<input type="checkbox"/> Other. _____			Amount Paid:	

Authorized Signature: \_\_\_\_\_

Representative Name: \_\_\_\_\_