

Q1 & 3

```
<!DOCTYPE html>
<html>
  <head>
    <meta charset="utf-8">
    <meta http-equiv="X-UA-Compatible" content="IE=edge">
    <title></title>
    <meta name="description" content="">
    <meta name="viewport" content="width=device-width, initial-scale=1">
    <link rel="stylesheet" href="style.css">
    <style>
      body {
        font-family: Arial, Helvetica, sans-serif;
        background-color: rgb(255, 238, 0);
      }

      * {
        box-sizing: border-box;
      }

      /* Add padding to containers */
      .container {
        padding: 16px;
        background-color: white;
      }

      /* Full-width input fields */
      input[type=text], input[type=password] {
        width: 30%;
        padding: 15px;
        margin: 5px 0 22px 0;
        display: inline-block;
        border: none;
        background: #f1f1f1;
      }

      input[type=text]:focus, input[type=password]:focus {
        background-color: #ddd;
        outline: none;
      }
    </style>
  </head>
  <body>
    <h1 style="font-size: 50px; text-align:center; ">Form Registration</h1>
    <form>
      <label for="fname" style="font-weight: bold; color:brown" >First name:</label><br>
      <input type="text" class="inputbox" id="fname" name="fname" placeholder="Johny" ><br>
      <label for="lname" >Last name:</label><br>
      <input type="text" class="inputbox" id="lname" name="lname" placeholder="Kumar" ><br>
      <label for="Password">Password:</label><br>
      <input type="password" id="pass" name="pass"><br>
      <label for="fname" style="font-weight: bold; color:rgb(17, 13, 240)" >Date</label><br>

      <input type="date" class="inputbox" ><br>
    <hr>
    <p>Choose your favorite Web language:</p>

    <input type="radio" id="html" name="fav_language" value="HTML">
    <label for="html">HTML</label><br>
    <input type="radio" id="css" name="fav_language" value="CSS">
    <label for="css">CSS</label><br>
    <input type="radio" id="javascript" name="fav_language" value="JavaScript">
```

```

<label for="javascript">JavaScript</label><br><br>
<div>

    <p>Gender</p>

<div>
    <input type="checkbox" id="scales" name="scales"
        checked>
    <label for="scales">Male</label>
</div>

<div>
    <input type="checkbox" id="horns" name="horns">
    <label for="horns">Female</label>
</div>
<label for="cars">Choose Country:</label>
<select name="cars" id="cars">
    <option value="volvo">India</option>
    <option value="saab">Pakistan</option>
    <option value="opel">Bhutan</option>
    <option value="audi">U.S</option>
</select>
<br><br>
<textarea id="w3review" name="w3review" rows="4" cols="50">
About Us
</textarea>
<br><br>

    <input class="subm" type="submit" value="SUBMIT">

</form>

<script src="" async defer></script>
</body>
</html>

```

Style.CSS :

```

.subm{
    background: green;
    font-size: medium;
    font-family: 'Times New Roman', Times, serif;
    color: white;
}

```

Form Registration

First name:

Last name:

Password:

Date

Choose your favorite Web language:

- ☐ HTML
- ☐ CSS
- ☐ JavaScript

Gender

- ☒ Male
- ☐ Female

Choose Country:

SUBMIT

Q.2 :

```
<html>
  <title>Registration form
</title>
<body>
  <style>
    body {
      font-family: Arial, Helvetica, sans-serif;
      background-color: rgb(0, 247, 255);
    }
    .subm{
      background: green;
      font-size: medium;
      font-family: 'Times New Roman', Times, serif;
      color: white;
    }
    * {
      box-sizing: border-box;
    }

    /* Add padding to containers */
    .container {
      padding: 16px;
      background-color: white;
    }

    /* Full-width input fields */
    input[type=text], input[type=password] {
      width: 30%;
      padding: 15px;
      margin: 5px 0 22px 0;
      display: inline-block;
      border: none;
      background: #f1f1f1;
    }

    input[type=text]:focus, input[type=password]:focus {
```

```

        background-color: #ddd;
        outline: none;
    }
</style>
<h1 style="font-size: 50px; text-align:center; ">Flight Registration</h1>

<form >
    <label for="cars">From:</label>
    <select name="cars" id="cars">
        <option value="volvo">India</option>
        <option value="saab">Pakistan</option>
        <option value="opel">Bhutan</option>
        <option value="audi">U.S</option>
    </select>

    <label for="cars">To:</label>
    <select name="cars" id="cars">
        <option value="volvo">Canada</option>
        <option value="saab">Pakistan</option>
        <option value="opel">Bhutan</option>
        <option value="audi">U.S</option>
    </select><br>
    First name: <input type = "text" name = "first_name" />
    <br>
    Last name: <input type = "text" name = "last_name" />
    <br>
    Address: <input type = "text" Give = "Address" />
    <br>
    User ID : <input type = "text" name = "user_id" />
    <br>
    Password: <input type = "password" name = "password" />
    <br>
    <input type = "radio" name = "Physically Disabled" value = "Physically Disabled-Yes"> Physically Disabled-Yes
    <input type = "radio" name = "Physically Disabled" value = "Physically Disabled-No"> Physically Disabled-No
    <br>
    <p>Choose your Class:</p>

    <input type="radio" id="html" name="fav_language" value="HTML">
    <label for="html">Buisness</label><br>
    <input type="radio" id="css" name="fav_language" value="CSS">
    <label for="css">Normal</label><br>
    <input type="radio" id="javascript" name="fav_language" value="JavaScript">
    <label for="javascript">Luxury</label><br><br>
    <p>Food</p>

    <div>
        <input type="checkbox" id="scales" name="scales"
            checked>
        <label for="scales">Yes</label>
    </div>
    <input class="subm" type="submit" value="SUBMIT">

    <div>
    </div>
</form>
</body>
</html>

```

Flight Registration

From: To:

First name:

Last name:

Address:

User ID :

Password:

☐ Physically Disabled-Yes ☐ Physically Disabled-No

Choose your Class:

- ☐ Buissness
- ☐ Normal
- ☐ Luxury

Food

☒ Yes