Week 3
Forms in HTML

Aim –

To understand forms in HTML and style them using CSS.

Challenge 1 – Admission Enquiry Form

Code

```
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Admission Enquiry Form</title>
    <link rel="stylesheet" href="./styles.css">
</head>
<body>
    <div class="overall">
    <header><img src="./CBITLogo.png">
        <div class="heading">Chaitanya Bharathi Institue of Technology</div><br>
        <div class="subheading">Chaitanya Bharathi P.O., Kokapet (V), Gandipet (M),
Hyderabad - 500 075, Telangana State
        Phone No: 040-24193280; Fax No: 040 – 24193278; Website:
www.cbit.ac.in</div></header>
    <h2>Admission Enquiry Form</h2>
    <form>
    <div class="field">
        <label for="doe">Date of Enquiry: </label>
        <input type="date" name="doe" id="doe">
    </div>
    <div class="field">
        <label for="fname" >Full Name of student: </label>
        <input type="text" name="fname" id="fname" placeholder="Enter full name">
    </div>
    <div class="field">
        <label for="gender">Gender: </label>
        <input type="radio" name="gender" id="male" value="male">
        <label for = "male">Male</label>
        <input type="radio" name="gender" id="female" value="female">
        <label for = "female">Female</label>
        <input type="radio" name="gender" id="pns" value="pns">
        <label for = "pns">Prefer Not to Say</label>
```
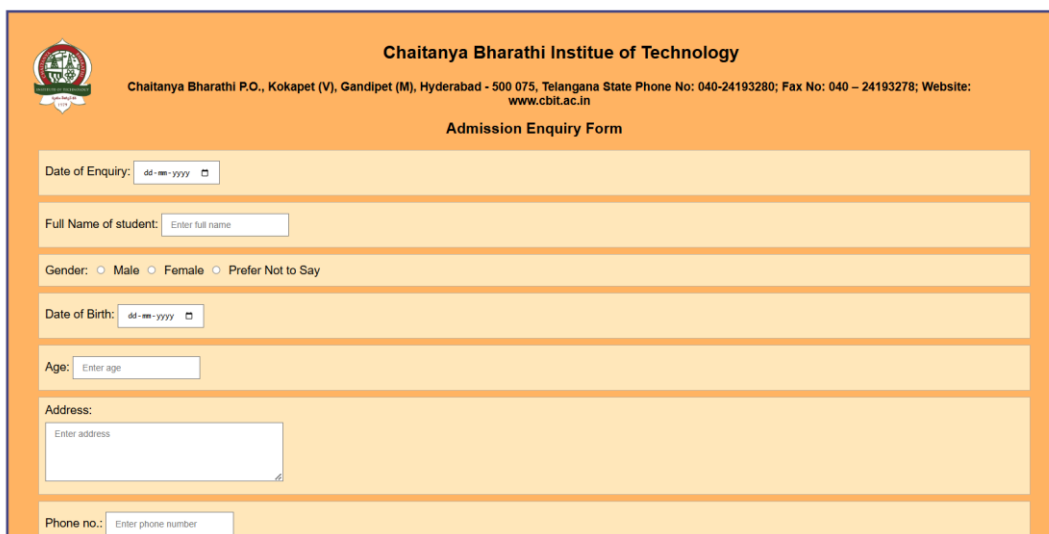
```
    </div>
    <div class="field">
      <label for = "dob">Date of Birth: </label>
      <input type = "date" id = "dob" name = "dob">
    </div>
    <div class="field">
      <label for = "age">Age: </label>
      <input type = "number" id = "age" name = "age" placeholder="Enter age">
    </div>
    <div class="field">
      <label for="address">Address:</label><br>
      <textarea placeholder="Enter address"></textarea>
    </div>
    <div class="field">
      <label for = "mobile">Phone no.: </label>
      <input type = "number" id = "mobile" name = "mobile" placeholder="Enter phone
number">
    </div>
    <div class="field">
      <label for = "pmobile">Guardian Phone no.: </label>
      <input type = "number" id = "pmobile" name = "pmobile" placeholder="Enter guardian
phone no.">
    </div>
    <div class="field">
      <label for = "rank">EAMCET Rank: </label>
      <input type = "number" id = "rank" name = "rank" placeholder="Enter EAMCET
rank">
    </div>
    <div class="field">
      <label for = "rankcard">Upload Rank Card: </label>
      <input type = "file" id = "rankcard" name = "rankcard">
    </div>
    <div class="field">
      <label for = "branches">Select branches you want to enroll in: </label><br>
      <input type="checkbox" id = "cse" name = "branch" value = "CSE">
      <label for = "cse">CSE</label><br>
      <input type="checkbox" id = "it" name = "branch" value = "IT">
      <label for = "it">IT</label><br>
      <input type="checkbox" id = "ece" name = "branch" value = "ECE">
      <label for = "ece">ECE</label><br>
      <input type="checkbox" id = "eee" name = "branch" value = "EEE">
      <label for = "eee">EEE</label><br>
      <input type="checkbox" id = "mech" name = "branch" value = "Mechanical">
      <label for = "mech">Mechanical</label><br>
```

```
<input type="checkbox" id = "civil" name = "branch" value = "civil">
<label for = "civil">Civil</label><br>
<input type="checkbox" id = "aiml" name = "branch" value = "AIML">
<label for = "aiml">AIML</label><br>
<input type="checkbox" id = "aids" name = "branch" value = "AIDS">
<label for = "aids">AIDS</label><br>
</div>
<div class="field">
    <label for = "query">Queries: </label><br>
    <textarea placeholder="Type your queries here" style="width:900px; height:
200px;"></textarea>
</div>
<div class="button-container">
<button type="submit">Submit</button>
</div>
</form>
<div style="font-family: sans-serif; ">
<p>Note that by filling this form, your seat is not confirmed. It just reflects your
interests.</p></div>
<footer>
    <h5>&copy; CBIT</h5>
</footer>
</div>
</body>
</html>
```

Output –

Challenge 2 – Admission Form

Code –

```
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Admission Form</title>
    <link href="./styles.css" rel="stylesheet">
</head>
<body>
    <div class="overall">
    <header><img src="./CBITLogo.png" class="img">
        <div class="heading">Chaitanya Bharathi Institue of Technology</div><br>
        <div class="subheading">Chaitanya Bharathi P.O., Kokapet (V), Gandipet (M),
Hyderabad - 500 075, Telangana State
        Phone No: 040-24193280; Fax No: 040 – 24193278; Website:
www.cbit.ac.in</div></header>
    <h2>Admission Form </h2>
    <form>
        <div class="field">
        <label for="name">Full Name:</label>
        <input type="text" id="name" name="name" placeholder="Enter Name" required><br>
        </div>
        <div class="field">
            <label for = "dob">Date of Birth: </label>
```

```html
        <input type = "date" id = "dob" name = "dob">
      </div>
      <div class="field">
        <label for = "mobile">Phone no.: </label>
        <input type = "number" id = "mobile" name = "mobile" placeholder="Enter phone
number">
      </div>
      <div class="field">
        <label for="mail">Email ID:</label>
        <input type="email" id="mail" name="mail" placeholder="Enter your mail id"
required><br>
      </div>
      <div class="field">
        <label for="gname">Guardian Name:</label>
        <input type="text" id="gname" name="gname" placeholder="Enter Guardian's
Name" required><br>
      </div>
      <div class="field">
        <label for = "pmobile">Guardian Phone no.: </label>
        <input type = "number" id = "pmobile" name = "pmobile" placeholder="Enter
guardian phone no.">
      </div>
      <div class="field">
        <p style="font-size: 20px;">Attach the following documents -</p>
        <label for = "idproof">Government ID proof: </label>
        <input type="file" id = "idproof" name = "idproof"> <br>
        <label for = "alorder">Final Allotment Order: </label>
        <input type="file" id = "alorder" name = "alorder"> <br>
        <label for = "rankcard">EAMCET Rank Card: </label>
        <input type="file" id = "rankcard" name = "rankcard"> <br>
        <label for = "report">XII Report: </label>
        <input type="file" id = "report" name = "report"> <br>
        <label for = "tc">Transfer Certificate: </label>
        <input type="file" id = "tc" name = "tc"> <br>
        <label for = "roc">Receipt of Certificates: </label>
        <input type="file" id = "roc" name = "roc"> <br>
      </div>

    </form>
    <div class="button-container">
      <button type="submit">Submit</button>
      </div>
      </form>
      <div style="font-family: sans-serif; ">
```

```
    <p style="font-size: 20px; font-weight: bold;">Note: Kindly produce the above
certificates along with photocopies during the day of Certificate verification. </p></div>
    <footer>
        <h5>&copy; CBIT</h5>
    </footer>
  </div>
  </div>
</body>
</html>
```

Output -

Challenge 3 – Course Registration Form

Code -

```html
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Registration Form</title>
    <link href="./styles.css" rel="stylesheet">
</head>
<body>
    <div class="overall">
    <header><img src="./CBITLogo.png" class="img">
        <div class="heading">Chaitanya Bharathi Institue of Technology</div><br>
        <div class="subheading">Chaitanya Bharathi P.O., Kokapet (V), Gandipet (M),
Hyderabad - 500 075, Telangana State
        Phone No: 040-24193280; Fax No: 040 – 24193278; Website:
www.cbit.ac.in</div></header>
    <h2>Registration Form </h2>
    <form>
        <div class="field">
        <label for="date">Date:</label>
        <input type="date" id="date" name="date" required><br>
        </div>
        <div class="field">
        <label for="name">Name:</label>
        <input type="text" id="name" name="name" placeholder="Enter Name" required><br>
        </div>
        <div class="field">
        <label for="rollno">Roll No.:</label>
        <input type="number" id="rollno" name="rollno" placeholder="Enter Roll No."
required><br>
        </div>
        <div class="field">
        <label for="program">Name of the Program:</label>
        <input type = "radio" id="be" name="program" value="BE">
        <label for = "be">BE</label>
        <input type = "radio" id="btech" name="program" value="BTech">
        <label for = "btech">BTech</label>
        </div>
        <div class="field">
        <label for = "sem">Semester: </label>
            <select name="sem" id="sem">
```

```
        <option value="">Select Semester</option>
        <option value="1">I</option>
        <option value="2">II</option>
        <option value="3">III</option>
        <option value="4">IV</option>
        <option value="5">V</option>
        <option value="6">VI</option>
        <option value="7">VII</option>
        <option value="8">VIII</option>
      </select>
    </div>
    <div class="field">
      <label for="phno">Phone:</label>
      <input type="number" id="phno" name="phno" placeholder="Enter your phone
number" maxlength="10" required><br>
    </div>
    <div class="field">
      <label for="mail">Email ID:</label>
      <input type="email" id="mail" name="mail" placeholder="Enter your mail id"
required><br>
    </div>
    <div class="field">
      <label for="status">Select satus of payment: </label>
      <input type = "radio" id="paid" name="status" value="Paid">
      <label for = "paid">Paid</label>
      <input type = "radio" id="notpaid" name="status" value="Not Paid">
      <label for = "not paid">Not Paid</label>
    </div>
    <div class="field">
      <label for="payment-date">Date of payment: </label>
      <input type = "date" id="payment-date" name="payment-date">
    </div>
    <div class="field">
      <label for="mop">Mode of Payment: </label>
      <input type = "radio" id="nb" name="mop" value="Net Banking">
      <label for = "nb">Net Banking</label>
      <input type = "radio" id="upi" name="mop" value="UPI">
      <label for = "upi">UPI</label>
      <input type = "radio" id="card" name="mop" value="Card">
      <label for = "card">Card</label> </div>
    <div class="field">
      <label for="receipt-no">Receipt No.: </label>
      <input type="number" id="receipt-no" name="receipt-no" placeholder="Enter receipt
no."> </div>
```

```html
            <div class="field">
              <label for = "proof">Attach proof of payment: </label>
              <input type="file" id = "proof" name = "proof">
            </div>
            <div class="field">
              Details of Subjects registering for Semester<br><br>
              <table border="2" cellpadding="10">
                <tr>
                <th>S.No.</th>
                <th>Course Code</th>
                <th>Name of the Course</th>
                <th>Core / Programme / Elective / Internship</th>
                <th>Pursuing through</th>
                <th>Remarks</th>
                </tr>
                <tr>
                  <td><input type="number" style="width:40px; height:30px;"></td>
                  <td><input type="text" style="width:95px; height:30px;"></td>
                  <td><input type="text" style="width:180px; height:30px;"></td>
                  <td>
                    <select style="width:300px;">
                      <option value="">Select the type of course</option>
                      <option>Core</option>
                      <option>Programme</option>
                      <option>Elective</option>
                      <option>Internship</option>
                    </select>
                  </td>
                  <td>
                    <select style="width:200px;">
                      <option value="">Select the medium</option>
                      <option>Institute</option>
                      <option>NPTEL</option>
                      <option>MOOCs</option>
                    </select>
                  </td>
                  <td><textarea style="width:200px; height:45px;"></textarea></td>
                </tr>
                <tr>
                  <td><input type="number" style="width:40px; height:30px;"></td>
                  <td><input type="text" style="width:95px; height:30px;"></td>
                  <td><input type="text" style="width:180px; height:30px;"></td>
                  <td>
                    <select style="width:300px;">
```

```
              <option value="">Select the type of course</option>
              <option>Core</option>
              <option>Programme</option>
              <option>Elective</option>
              <option>Internship</option>
            </select>
          </td>
          <td>
            <select style="width:200px;">
              <option value="">Select the medium</option>
              <option>Institute</option>
              <option>NPTEL</option>
              <option>MOOCs</option>
            </select>
          </td>
          <td><textarea style="width:200px; height:45px;"></textarea></td>
        </tr>
        <tr>
          <td><input type="number" style="width:40px; height:30px;"></td>
          <td><input type="text" style="width:95px; height:30px;"></td>
          <td><input type="text" style="width:180px; height:30px;"></td>
          <td>
            <select style="width:300px;">
              <option value="">Select the type of course</option>
              <option>Core</option>
              <option>Programme</option>
              <option>Elective</option>
              <option>Internship</option>
            </select>
          </td>
          <td>
            <select style="width:200px;">
              <option value="">Select the medium</option>
              <option>Institute</option>
              <option>NPTEL</option>
              <option>MOOCs</option>
            </select>
          </td>
          <td><textarea style="width:200px; height:45px;"></textarea></td>
        </tr>
      </table>
    </div>
  </form>
  <div class="button-container">
```

```
      <button type="submit">Submit</button>
      </div>
      </form>
      <div style="font-family: sans-serif; ">
      <p style="font-size: 20px; font-weight: bold;">Note: Registration is not permitted with
any fee due. The above form should be permitted by the Principal, HOD and Director of
AEC</p></div>
        <footer>
          <h5>&copy; CBIT</h5>
        </footer>
    </div>
    </div>
  </body>
  </html>
```

Output

Styles.css –

```
label{
   font-size: 20px;}
h2{
   text-align: center;
   font-size: 25px;
   font-family: sans-serif;}
img{
   float: left;
   margin:auto;
   width: 100px;}
input{
   width: auto;
   padding: 10px 15px;
   margin: 8px 0;
   box-sizing: border-box;}
input[placeholder]{
   font-family: sans-serif;
   font-size: 15px;}
.heading{
   position: relative;
   text-align: center;
   font-family: sans-serif;
   font-weight: 600;
   font-size: 30px;
   padding:10px;}
.subheading{
   position: relative;
   text-align: center;
   font-family: sans-serif;
   font-weight: 600;
   font-size: 20px;
   margin-left: 75px;
   margin-right: 50px;}
.field{
   background-color: rgb(255, 231, 186);
   margin: 10px;
   padding: 10px;
   border: 2px solid #524c6452;
   font-family: sans-serif;}
select{
   width: auto;
   padding: 10px 15px;
```
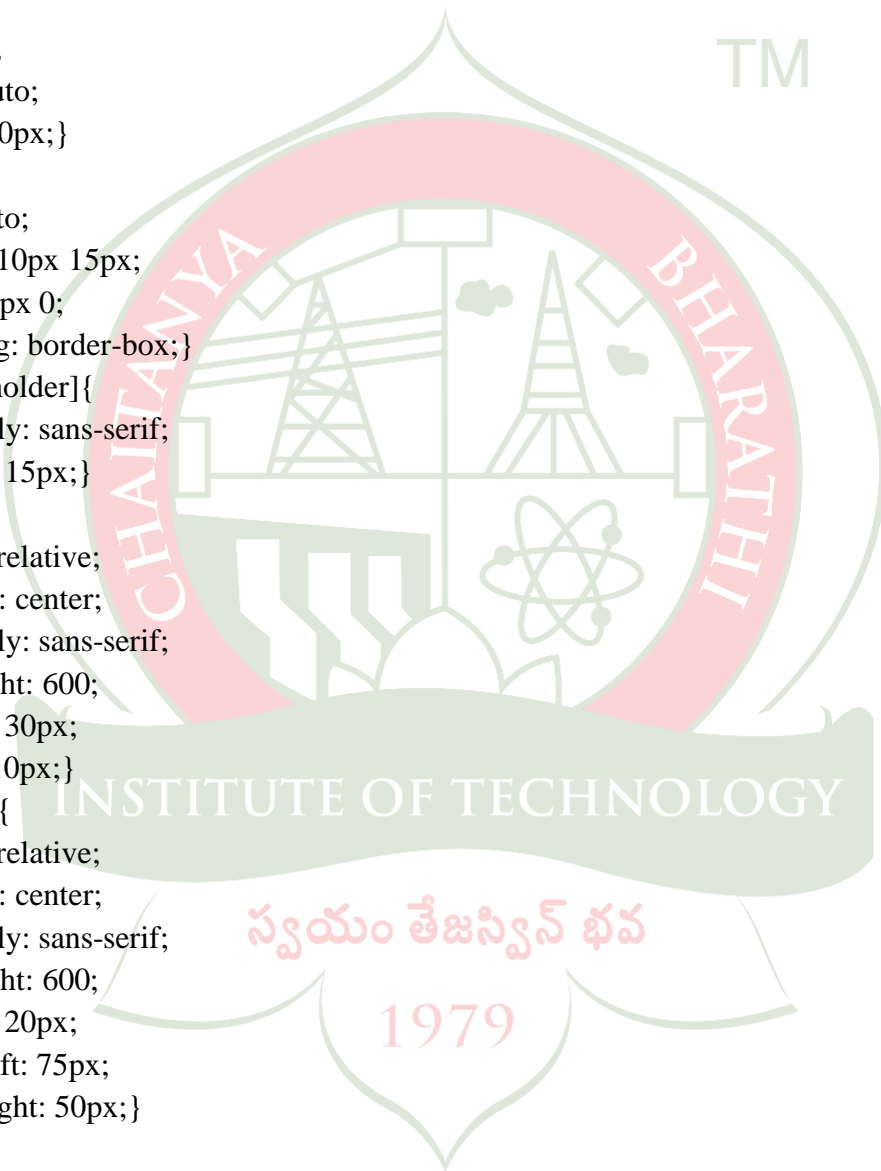
```css
      margin: 8px 0;
      box-sizing: border-box;}
  input[type=radio],input[type=checkbox]{
      width: 2%;
      padding: 10px 15px;
      margin: 10px 0;}
  textarea{
      height:100px;
      width: 400px;
      padding: 10px 15px;
      margin: 8px 0;
      box-sizing: border-box;
  }
  textarea[placeholder]{
      font-family:sans-serif;
      font-size: 15px;}
  .button-container{
      padding:20px;
      text-align: center;
  }
  button{
      background-color: rgba(26, 26, 83, 0.744);
      border-radius: 6px;
      border: none;
      font-size:25px;
      text-align: center;
      cursor: pointer;
      padding: 15px 30px 15px 30px;
      color : #ffffff;
  }
  .overall{
      background-color: rgb(255, 179, 98);
      position:absolute;
      margin-left: 100px;
      margin-right: 100px;
      margin-top: 65px;
      border: 5px solid rgb(69, 69, 128);
      padding: 40px;
  }
  footer{
      font-family: sans-serif;
  }
```