**1.Fix the bugs in below snippet**

<html lang="en">

<head>

<title>Document

<body>

guvi

</title>

</head>

<div>

Lorem ipsum dolor sit amet consectetur adipisicing elit.

<div>

<div>

Guvi Geek Network

</div>

</body>

</html>

**Below is the fixed code:**

<!DOCTYPE html>

<html lang="en">

<head>

<title>Document</title>

</head>

<body>

guvi

<div>

Lorem ipsum dolor sit amet consectetur adipisicing elit.

<div>

Guvi Geek Network

</div>

</div>

</body>

</html>

**2. Try the below one**

<html lang="en">

<head>

<title>Document

<body>

guvi

</head>

<div>

Lorem ipsum dolor sit amet consectetur adipisicing elit.

<div>

<div>

Guvi Geek Network

</div>

</body>

</html>

**The given code snippet has multiple issues. Below is the fixed code:**

<!DOCTYPE html>

<html lang="en">

<head>

<title>Document</title>

</head>

<body>

guvi

<div>

Lorem ipsum dolor sit amet consectetur adipisicing elit.

<div>

Guvi Geek Network

</div>

</div>

</body>

</html>

**3. Design a contact us form with all fields as required.**

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<title>Contact Us</title>

</head>

<body>

<h1>Contact Us</h1>

<form action="submit-form.php" method="post">

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

<input type="text" id="name" name="name" required>

<br><br>

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

<input type="email" id="email" name="email" required>

<br><br>

<label for="subject">Subject:</label>

<input type="text" id="subject" name="subject" required>

<br><br>

<label for="message">Message:</label>

<textarea id="message" name="message" rows="5" required></textarea>

<br><br>

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

</form>

</body>

</html>

**4. Use certain HTML elements to display the following in a HTML page.**

**Programming Language**

**JavaScript**

**Angular**

**React**

**Vue.js**

**Python**

**Django Framework**

**Flask Framework**

**Java**

**Spring**

**Maven**

**Hibernate**

**Database**

**MySQL**

**MongoDB**

**Cansandra**

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<title>Programming Languages and Databases</title>

</head>

<body>

<h1>Programming Languages</h1>

<ul>

<li>JavaScript</li>

<li>Angular</li>

<li>React</li>

<li>Vue.js</li>

<li>Python</li>

<li>Java</li>

<li>Spring</li>

<li>Maven</li>

<li>Hibernate</li>

</ul>

<h1>Frameworks</h1>

<ul>

<li>Django Framework</li>

<li>Flask Framework</li>

</ul>

<h1>Databases</h1>

<ul>

<li>MySQL</li>

<li>MongoDB</li>

<li>Cassandra</li>

</ul>

</body>

</html>

**5. Create an element that helps you to open the https://google.com in separate new tab.**

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<title>Open Google in New Tab</title>

</head>

<body>

<a href="https://google.com" target="\_blank">Open Google in new tab</a>

</body>

</html>

**6. In the form, add two radio buttons with grouping them for employee type(Salaried and own business)**

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<title>Employee Information</title>

</head>

<body>

<h1>Employee Information</h1>

<form action="submit-form.php" method="post">

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

<input type="text" id="name" name="name" required>

<br><br>

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

<input type="email" id="email" name="email" required>

<br><br>

<label for="employee-type">Employee Type:</label>

<br>

<input type="radio" id="salaried" name="employee-type" value="salaried" checked>

<label for="salaried">Salaried</label>

<br>

<input type="radio" id="own-business" name="employee-type" value="own-business">

<label for="own-business">Own Business</label>

<br><br>

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

</form>

</body>

</html>

**7. Design form shown in the link (http://evc-cit.info/cit040/formguide/card\_0.png)**

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<title>Credit Card Application Form</title>

</head>

<body>

<h1>Credit Card Application Form</h1>

<form action="submit-form.php" method="post">

<fieldset>

<legend>Personal Information</legend>

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

<input type="text" id="name" name="name" required>

<br><br>

<label for="address">Address:</label>

<textarea id="address" name="address" rows="4" cols="30" required></textarea>

<br><br>

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

<input type="email" id="email" name="email" required>

<br><br>

<label for="phone">Phone:</label>

<input type="tel" id="phone" name="phone" required>

</fieldset>

<br>

<fieldset>

<legend>Credit Card Information</legend>

<label for="card-type">Card Type:</label>

<select id="card-type" name="card-type" required>

<option value="">--Select--</option>

<option value="visa">Visa</option>

<option value="mastercard">Mastercard</option>

<option value="discover">Discover</option>

</select>

<br><br>

<label for="card-number">Card Number:</label>

<input type="text" id="card-number" name="card-number" pattern="[0-9]{16}" required>

<br><br>

<label for="expiration-date">Expiration Date:</label>

<input type="month" id="expiration-date" name="expiration-date" required>

<br><br>

<label for="cvv">CVV:</label>

<input type="text" id="cvv" name="cvv" pattern="[0-9]{3}" required>

</fieldset>

<br>

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

</form>

</body>

</html>

**8. Use the table tag to design given image**

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<title>Health Chart Table</title>

</head>

<body>

<table border="1">

<thead>

<tr>

<th rowspan="2">Health Indicator</th>

<th colspan="2">Blood Sugar (mg/dL)</th>

<th rowspan="2">Status</th>

</tr>

<tr>

<th>Fasting Value</th>

<th>After Eating</th>

</tr>

</thead>

<tbody>

<tr>

<td>Normal Range</td>

<td>70 - 99</td>

<td>Less than 140</td>

<td>Normal</td>

</tr>

<tr>

<td>Pre-Diabetes</td>

<td>100 - 125</td>

<td>140 - 199</td>

<td>High Risk</td>

</tr>

<tr>

<td>Diabetes</td>

<td>126 or higher</td>

<td>200 or higher</td>

<td>Very High Risk</td>

</tr>

</tbody>

</table>

</body>

</html>

**9. Write HTML input tags snippet to show default values for all Form elements.**

<form>

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

<input type="text" id="name" name="name" value="John Doe"><br>

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

<input type="email" id="email" name="email" value="john.doe@example.com"><br>

<label for="phone">Phone:</label>

<input type="tel" id="phone" name="phone" value="555-1234"><br>

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

<input type="date" id="birthday" name="birthday" value="1990-01-01"><br>

<label for="color">Favorite color:</label>

<input type="color" id="color" name="color" value="#ff0000"><br>

<label for="message">Message:</label>

<textarea id="message" name="message">Hello, world!</textarea><br>

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

<select id="gender" name="gender">

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

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

<option value="other">Other</option>

</select><br>

<label for="subscribe">Subscribe to newsletter:</label>

<input type="checkbox" id="subscribe" name="subscribe" checked><br>

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

</form>

**10. In your, HTML page add the below line and Highlight it without using any CSS.**

**"HTML & CSS is awesome"**

HTML & CSS is awesome

<p>

<mark>HTML & CSS is awesome</mark>

</p>

When rendered in a web browser, the text "HTML & CSS is awesome" would be highlighted in a way that is consistent with the user's preferred color scheme and accessibility settings.

**11. Create an HTML page, which should contain all types of input elements.**

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<title>All Input Types Example</title>

</head>

<body>

<form>

<label for="text-input">Text Input:</label>

<input type="text" id="text-input" name="text-input"><br>

<label for="password-input">Password Input:</label>

<input type="password" id="password-input" name="password-input"><br>

<label for="email-input">Email Input:</label>

<input type="email" id="email-input" name="email-input"><br>

<label for="tel-input">Telephone Input:</label>

<input type="tel" id="tel-input" name="tel-input"><br>

<label for="date-input">Date Input:</label>

<input type="date" id="date-input" name="date-input"><br>

<label for="time-input">Time Input:</label>

<input type="time" id="time-input" name="time-input"><br>

<label for="datetime-input">Datetime Input:</label>

<input type="datetime" id="datetime-input" name="datetime-input"><br>

<label for="datetime-local-input">Datetime-local Input:</label>

<input type="datetime-local" id="datetime-local-input" name="datetime-local-input"><br>

<label for="month-input">Month Input:</label>

<input type="month" id="month-input" name="month-input"><br>

<label for="week-input">Week Input:</label>

<input type="week" id="week-input" name="week-input"><br>

<label for="number-input">Number Input:</label>

<input type="number" id="number-input" name="number-input"><br>

<label for="range-input">Range Input:</label>

<input type="range" id="range-input" name="range-input" min="0" max="100"><br>

<label for="color-input">Color Input:</label>

<input type="color" id="color-input" name="color-input"><br>

<label for="checkbox-input">Checkbox Input:</label>

<input type="checkbox" id="checkbox-input" name="checkbox-input"><br>

<label for="radio-input-1">Radio Input 1:</label>

<input type="radio" id="radio-input-1" name="radio-group" value="radio-1"><br>

<label for="radio-input-2">Radio Input 2:</label>

<input type="radio" id="radio-input-2" name="radio-group" value="radio-2"><br>

<label for="file-input">File Input:</label>

<input type="file" id="file-input" name="file-input"><br>

<label for="submit-input">Submit Input:</label>

<input type="submit" id="submit-input" name="submit-input" value="Submit"><br>

<label for="reset-input">Reset Input:</label>

<input type="reset" id="reset-input" name="reset-input" value="Reset"><br>

</form>

</body>

</html>