## **WEB TECHNOLOGY**

Name - Aniket Chatterjee Roll No - 2005783 Section - CSE26

## **LAB - 2**

DATE-27/01/2022

Q1. CODE--

```
<!DOCTYPE html>
<html lang="en">
   <meta charset="UTF-8">
   <meta http-equiv="X-UA-Compatible" content="IE=edge">
   <meta name="viewport" content="width=device-width, initial-scale=1.0">
   <title>Exp - 1 (27/01/22)</title>
       table,th,td{
          border: 1px solid;
          height: 60px;
          border-collapse: collapse;
           text-align: center;
   <caption style="text-align: center;"><B>Table</B></caption>
       <caption style="text-align: center;">Aniket Chatterjee</caption>
       <caption style="text-align: center;">2005783</caption>
           <TH colspan="3">A</TH>
           <TH rowspan="2">B</TH>
          <TH colspan="2">C</TH>
```

## OUTPUT--

Table Aniket Chatterjee 2005783

A		
В	C	
	D	E

```
DOCTYPE html>
<meta charset="UTF-8">
<title>Exp - 2 (27/01/22)</title>
   <form action="/action_page.php">
        <legend><h3>Create User ID</h3></legend>
    <label for="fname"><b>User ID</b></label><br>
      <input type="text" id="fname" name="fname" value="Your email id"><br>
      <label for="pwd"><b>Password</b></label><br>
      <input type="password" id="pwd" name="pwd"><br><br><br>
      <label for="pwd"><b>Confirm Password</b></label><br>
      <input type="password" id="pwd" name="pwd"><br>
       <le>egend><h3>Personal Details</h3></legend></le>
           <img src="SAVE_20211219_193323.jpg" alt="Person" style="width: 240px;height: 220px;" Align="right"</pre>
           <label for="fname">First name:</label>
           <input type="text" id="fname" name="fname" value="Enter first name"><br><br><br>
           <label for="lname">Last name:</label>
           <input type="text" id="lname" name="lname" value="Enter last name"><br></pr>
           <label for="Gender">Gender:</label>
           <input type="radio" id="Male" name="Gender" value="Male">
           <label for="Male">Male</label>
           <input type="radio" id="Female" name="Gender" value="Female">
           <label for="Female">Female</label><br><br>
           <label for="birthday">DOB:</label>
           <input type="date" id="birthday" name="DOB"><br><br></pr>
           <label for="birthday">Country:</label>
           <input list="Country" name="Country">
              <option value="India"\>
               <option value="US"\>
              <option value="Japan"\></option>
               <option value="UK"\>
               <option value="China"\>
           <label for="email">Enter your email:</label>
           <input type="email" id="email" name="email"><br><br></pr>
           <label for="birthday">Address:</label><br>
           <textarea name="message" rows="10" cols="30"></textarea>
```

## **OUTPUT--**

Create User ID
User ID   Vour email id   Password
Confirm Password
Personal Details—
First name: Enter first name
Last name: Enter last name
Gender: ○ Male ○ Female
DOB: dd -mm-yyyy 📋
Country:
Enter your email:
Address:
Educational Details————————————————————————————————————
Degree B.E. 🗸
Certified Course any:
Word Experience—
Knowledge in: □HTML □.NET □JAVA □PHP
Submit