

Q1) <body>

<form action = "thank.html" method = "POST">

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

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

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

<textarea id = "Address" name = "Address" rows = "3"
cols = "5"> </textarea>

<label for = "Password"> Password : </label>

<input type = "Password" id = "Pwd" name = "Pwd"
minlength = "8">

<label for = "DOB"> Date of Birth : </label>

<select name = "DOB" id = "DOB">

<option value = "1"> 1 </option>

<option value = "2"> 2 </option>

<option value = "31"> 31 </option>

</select>

<select id = "DOB_Month" name = "DOBMonth">

<option value = "-1"> Month : </option>

<option value = "JANUARY"> JAN </option>

1905084

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<option value = "DECEMBER">DEC </option>
</select>
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```
<select name = "Birth_Year" id = "Birth_year">
  <option value = "-1">Year : </option>
  <option value = "2018">2018 </option>
  <option value = "2019">2019 </option>
```

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  <option value = "2021">2021 </option>
</select>
<br><br>
```

```
<label for = "Gender"> Gender : </label>
  <input type = "radio" name = "m"> Male
  <input type = "radio" name = "F"> Female
  <br><br>
```

```
<label for = "Hobbies"> Hobbies : </label>
  <input type = "checkbox"> Playing
  <input type = "checkbox"> dancing
  <input type = "checkbox"> Singing.
  <input type = "submit" value = "Submit"/>
  <label for = "RESET FORM"> Clear : </label>
  <input type = "submit" value = "Reset">
</form>
</body>
```


Thanking Page

1905084

```
<!DOCTYPE html>
```

```
<html>
```

```
<title>Thank You </title>
```

```
<body>
```

```
<h1>Thank You</h1>
```

```
<h3>Form has been Submitted</h3>
```

```
</body>
```

```
</html>
```

Aniket Kumar

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