Defination of Program: DESIGN FORM OF STUDENT REGISTRATION AND EMPLOYEE REGISTRATION WITH 11 FIELDS

Code:(HTML with file name+ CSS with File name)

```
<!DOCTYPE html>
<html>
<head>
  <title>Student Registration Form</title>
  <style>
    body {
      font-family: Cambria, serif;
      font-size: 12px;
      background-color: #f2f2f2;
      margin: 0;
      padding: 0;
    }
    h2 {
      text-align: center;
      color: #333;
    }
    form {
      background: #fff;
      max-width: 600px;
      margin: 20px auto;
      padding: 20px;
      border-radius: 8px;
      box-shadow: 0px 0px 8px rgba(0,0,0,0.2);
    }
    table {
      width: 100%;
    }
    td {
      padding: 8px;
      vertical-align: top;
    }
    input[type="text"], input[type="email"], input[type="tel"], input[type="date"], select, textarea {
      width: 95%;
      padding: 5px;
      border-radius: 4px;
      border: 1px solid #ccc;
```

```
      font-family: Cambria, serif;
      font-size: 12px;
    }
    textarea {
      resize: none;
    }
    .inline {
      margin-right: 10px;
    }
    button {
      background: #4CAF50;
      color: white;
      padding: 8px 15px;
      border: none;
      border-radius: 5px;
      font-size: 12px;
      cursor: pointer;
    }
    button:hover {
      background: #45a049;
    }
  </style>
</head>
<body>

<h2>Student Registration Form</h2>
<form>
  <table>
    <tr>
      <td><label>Full Name</label></td>
      <td><input type="text" name="fullname" required></td>
      <td><label>City</label></td>
      <td>
        <select name="city" required>
          <option value="">Select City</option>
          <option>Delhi</option>
          <option>Mumbai</option>
          <option>Kolkata</option>
          <option>Chennai</option>
          <option>Bangalore</option>
        </select>
      </td>
    </tr>
    <tr>
      <td><label>Enrollment No.</label></td>
      <td><input type="text" name="enrollment" required></td>
      <td><label>State</label></td>
      <td>
        <select name="state" required>
```

```html
        <option value="">Select State</option>
        <option>Gujarat</option>
        <option>Maharashtra</option>
        <option>Tamil Nadu</option>
        <option>West Bengal</option>
        <option>Karnataka</option>
      </select>
    </td>
  </tr>
  <tr>
    <td><label>Date of Birth</label></td>
    <td><input type="date" name="dob" required></td>
    <td><label>Zip Code</label></td>
    <td><input type="text" name="zip" required></td>
  </tr>
  <tr>
    <td><label>Gender</label></td>
    <td colspan="3">
      <label class="inline"><input type="radio" name="gender" value="Male" required>
Male</label>
      <label class="inline"><input type="radio" name="gender" value="Female"> Female</label>
      <label class="inline"><input type="radio" name="gender" value="Other"> Other</label>
    </td>
  </tr>
  <tr>
    <td><label>Email</label></td>
    <td><input type="email" name="email" required></td>
    <td><label>Phone</label></td>
    <td><input type="tel" name="phone" required></td>
  </tr>
  <tr>
    <td><label>Address</label></td>
    <td colspan="3"><textarea name="address" rows="3" required></textarea></td>
  </tr>
  <tr>
    <td><label>Course</label></td>
    <td colspan="3"><input type="text" name="course" required></td>
  </tr>
  <tr>
    <td><label>Hobbies</label></td>
    <td colspan="3">
      <label class="inline"><input type="checkbox" name="hobby" value="Reading">
Reading</label>
      <label class="inline"><input type="checkbox" name="hobby" value="Sports">
Sports</label>
      <label class="inline"><input type="checkbox" name="hobby" value="Music"> Music</label>
      <label class="inline"><input type="checkbox" name="hobby" value="Travel"> Travel</label>
    </td>
  </tr>
```

```html
        <tr>
          <td colspan="4" style="text-align:center;">
            <button type="submit">Register</button>
          </td>
        </tr>
    </table>
</form>

</body>
</html>
```
2)
```html
<!DOCTYPE html>
<html>
<head>
    <title>Employee Registration Form</title>
    <style>
        body {
            font-family: Cambria, serif;
            font-size: 12px;
            background-color: #f2f2f2;
            padding: 0;
            margin: 0;
        }
        h2 {
            text-align: center;
            color: #333;
        }
        form {
            background: #fff;
            max-width: 750px;
            margin: 20px auto;
            padding: 20px;
            border-radius: 10px;
            box-shadow: 0px 0px 10px rgba(0,0,0,0.2);
        }
        .row {
            display: flex;
            gap: 20px;
            margin-bottom: 10px;
            align-items: center;
        }
        .field {
            flex: 1;
        }
        label {
            font-weight: bold;
            display: block;
            margin-bottom: 3px;
        }
        input, select, textarea {
```

```
        width: 100%;
        padding: 5px;
        font-family: Cambria, serif;
        font-size: 12px;
        border-radius: 5px;
        border: 1px solid #ccc;
      }
      .inline-options {
        display: flex;
        flex-wrap: wrap;
        gap: 10px;
        font-family: Cambria, serif;
        font-size: 12px;
      }
      button {
        background: #007BFF;
        color: white;
        padding: 10px;
        margin-top: 15px;
        border: none;
        border-radius: 5px;
        font-size: 12px;
        font-family: Cambria, serif;
        width: 100%;
        cursor: pointer;
      }
      button:hover {
        background: #0056b3;
      }
  </style>
</head>
<body>

<h2>Employee Registration Form</h2>
<form>

  <!-- Row 1 -->
  <div class="row">
    <div class="field">
      <label>Full Name</label>
      <input type="text" name="fullname" required>
    </div>
    <div class="field">
      <label>City</label>
      <select name="city" required>
        <option value="">Select City</option>
        <option>Rajkot</option>
        <option>Ahmedabad</option>
        <option>Surat</option>
```

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```html
        <option>Vadodara</option>
      </select>
    </div>
  </div>

  <!-- Row 2 -->
  <div class="row">
    <div class="field">
      <label>Date of Birth</label>
      <input type="date" name="dob" required>
    </div>
    <div class="field">
      <label>Gender</label>
      <div class="inline-options">
        <input type="radio" name="gender" value="Male" required> Male
        <input type="radio" name="gender" value="Female"> Female
        <input type="radio" name="gender" value="Other"> Other
      </div>
    </div>
  </div>

  <!-- Row 3 -->
  <div class="row">
    <div class="field">
      <label>Email</label>
      <input type="email" name="email" required>
    </div>
    <div class="field">
      <label>Phone</label>
      <input type="tel" name="phone" required>
    </div>
  </div>

  <!-- Row 4 -->
  <div class="row">
    <div class="field">
      <label>Skills</label>
      <div class="inline-options">
        <input type="checkbox" name="skills" value="HTML"> HTML
        <input type="checkbox" name="skills" value="CSS"> CSS
        <input type="checkbox" name="skills" value="JavaScript"> JavaScript
        <input type="checkbox" name="skills" value="Python"> Python
      </div>
    </div>
    <div class="field">
      <label>Department</label>
      <select name="department" required>
        <option value="">Select Department</option>
        <option>HR</option>
```

```html
                <option>IT</option>
                <option>Finance</option>
                <option>Marketing</option>
            </select>
        </div>
    </div>

    <!-- Row 5 -->
    <div class="row">
        <div class="field">
            <label>Address</label>
            <textarea name="address" rows="2" required></textarea>
        </div>
        <div class="field">
            <label>State</label>
            <select name="state" required>
                <option value="">Select State</option>
                <option>Gujarat</option>
                <option>Maharashtra</option>
                <option>Rajasthan</option>
                <option>Delhi</option>
            </select>
        </div>
    </div>

    <!-- Row 6 -->
    <div class="row">
        <div class="field">
            <label>Zip Code</label>
            <input type="text" name="zip" required>
        </div>
        <div class="field">
            <label>Employee ID</label>
            <input type="text" name="employeeid" required>
        </div>
    </div>

    <button type="submit">Register</button>
</form>

</body>
</html>
```

Output

Student Registration Form

Full Name		City	Select City ▾
Enrollment No.		State	Select State ▾
Date of Birth	dd-mm-yyyy	Zip Code	
Gender	○ Male ○ Female ○ Other		
Email		Phone	
Address			
Course			
Hobbies	☐ Reading ☐ Sports ☐ Music ☐ Travel		

Register

Employee Registration Form

Full Name

City

Select City ▼

Gender

○

Male

○

Female

○

Other

Date of Birth

dd-mm-yyyy 📅

Email

Phone

Skills

☐

HTML

☐

CSS

Department

Select Department ▼

☐

JavaScript

☐

Python

Address

State

Select State ▼

Zip Code

Employee ID

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