

HTML

Module(HTML)-1

- Create below example using HTML .

```
<!DOCTYPE html>
```

```
<html lang="en">
```

<head>

```
<meta charset="UTF-8">
```

```
<meta name="viewport" content="width=device-width, initial-scale=1.0">
```

<title>Document</title>

</head>

<body>

```
<table bordercolor="black" rules="all">
```

|
[illegible]

```
<a href="">Home</a>
```

</td>

 | |

About

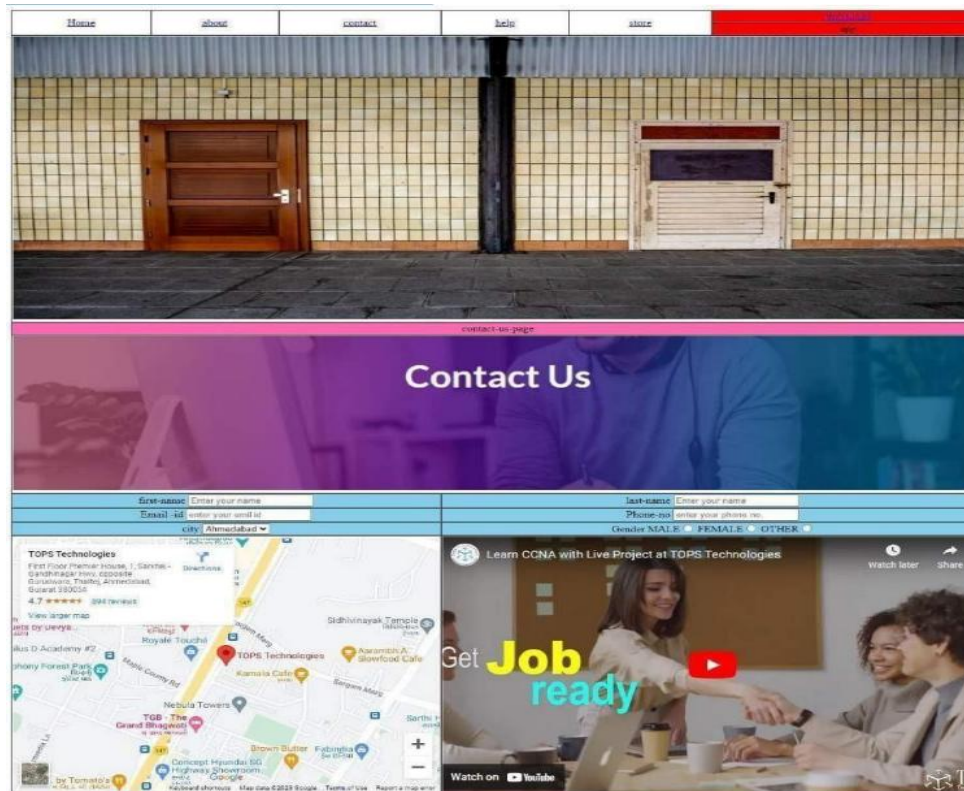
[illegible]

[illegible]

[illegible]

```
<iframe
  src="
https://www.google.com/maps/embed?pb=!1m18!1m12!1m3!1d29749.233198
609352!2d72.86179990881502!3d21.245558799318957!2m3!1f0!2f0!3f0!3m2!
1i1024!2i768!4f13.1!3m3!1m2!1s0x3be04f4fb5c0b087%3A0xb7aabd8a90da0
679!2sMota%20Varachha%2C%20Surat%2C%20Gujarat!5e0!3m2!1sen!2sin!
4v1719641993812!5m2!1sen!2sin"
    width="600" height="450" style="border:0;" allowfullscreen=""
loading="lazy"
    referrerpolicy="no-referrer-when-downgrade"></iframe>
</td>
<td>
    <iframe width="600" height="450"
src="https://www.youtube.com/embed/HOi3FV_IZdw?si=gthxXn6lrwgT00AH"
    title="YouTube video player" frameborder="0"
    allow="accelerometer; autoplay; clipboard-write; encrypted-
media; gyroscope; picture-in-picture; web-share"
    referrerpolicy="strict-origin-when-cross-origin"
allowfullscreen></iframe>
    </td>
</tr>
</td>
</tr>
</table>
</table>
</table>
</body>

</html>
```



- Create employee registration webpage using HTML form objects

```
<!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>
</head>
<style>
  label {
    padding: 10px;
    width: 10%;
    display: inline-block;
  }
</style>
<body>
  <form action="">
    <h1 style="color: red">Employee Registration Form</h1>
    <label for=""></label>
    <input type="radio" name="gender" id="" />Mr.
```



```

<input type="radio" name="gender" id="" />Mrs.
<input type="radio" name="gender" id="" />Ms.
<br />
<label for="">First Name</label>
<input type="text" name="" id="" placeholder="First Name" />
<br />
<label for="">Last Name</label>
<input type="text" name="" id="" placeholder="Last Name" />
<br />
<label for="">Mail Address1</label>
<input type="email" name="" id="" />
<br />
<label for="">Mail Address2</label>
<input type="email" name="" id="" />
<br />
<label for="">City</label>
<input type="text" name="" id="" />
<br />
<label for="">State</label>
<select name="state" id="">
  <option value="Gujarat">Gujarat</option>
  <option value="Rajkot">Rajkot</option>
  <option value="Ahemdabad">Ahemdabad</option>
  <option value="Anand">Anand</option>
</select>
<br />
<label for="">Zip</label>
<input type="text" name="" id="" />
<br />
<label for="">Upload Photo</label>
<input type="file" name="" id="" />
<br />
<label for="">E-Mail</label>
<input type="email" name="" id="" />
<br />
<label for="">Mobile</label>
<input type="tel" name="" id="" placeholder="+91" />
<br />
<label for="">Languages known</label>
<input type="checkbox" name="language" id="" value="Gujarati"
/>Gujarati

<input type="checkbox" name="language" id="" value="Hindi" />Hindi

<input type="checkbox" name="language" id="" value="English" />English

<input type="checkbox" name="language" id="" value="Marathi" />Marathi
<br />
<label for="" align="center">Additional Information</label>
<textarea name="" id=""> </textarea>

```

```

    <br /><br />
    <button type="submit" value="">Submit</button>
    <button type="reset">Reset</button>
  </form>
</body>
</html>

```

Employee Registration Form

	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
First Name	<input type="text" value="First Name"/>
Last Name	<input type="text" value="Last Name"/>
Mail Address1	<input type="text"/>
Mail Address2	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Gujarat"/> ▼
Zip	<input type="text"/>
Upload Photo	<input type="button" value="Choose File"/> No file chosen
E-Mail	<input type="text"/>
Mobile	<input type="text" value="+91"/>
Languages known	<input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi <input type="checkbox"/> English <input type="checkbox"/> Marathi
AdditionalInformation	<input type="text"/>

- Create webpage using list tags of 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>
  </head>
  <style>

```

```

label {
  padding: 10px;
  width: 10%;
  display: inline-block;
}
</style>
<body>
  <form action="">
    <h1 style="color: red">Employee Registration Form</h1>
    <label for=""></label>
    <input type="radio" name="gender" id="" />Mr.
    <input type="radio" name="gender" id="" />Mrs.
    <input type="radio" name="gender" id="" />Ms.
    <br />
    <label for="">First Name</label>
    <input type="text" name="" id="" placeholder="First Name" />
    <br />
    <label for="">Last Name</label>
    <input type="text" name="" id="" placeholder="Last Name" />
    <br />
    <label for="">Mail Address1</label>
    <input type="email" name="" id="" />
    <br />
    <label for="">Mail Address2</label>
    <input type="email" name="" id="" />
    <br />
    <label for="">City</label>
    <input type="text" name="" id="" />
    <br />
    <label for="">State</label>
    <select name="state" id="">
      <option value="Gujarat">Gujarat</option>
      <option value="Rajkot">Rajkot</option>
      <option value="Ahemdabad">Ahemdabad</option>
      <option value="Anand">Anand</option>
    </select>
    <br />
    <label for="">Zip</label>
    <input type="text" name="" id="" />
    <br />
    <label for="">Upload Photo</label>
    <input type="file" name="" id="" />
    <br />
    <label for="">E-Mail</label>
    <input type="email" name="" id="" />
    <br />
    <label for="">Mobile</label>

```

```

<input type="tel" name="" id="" placeholder="+91" />
<br />
<label for="">Languages known</label>
<input type="checkbox" name="language" id="" value="Gujarati" />Gujarati

<input type="checkbox" name="language" id="" value="Hindi" />Hindi

<input type="checkbox" name="language" id="" value="English" />English

<input type="checkbox" name="language" id="" value="Marathi" />Marathi
<br />
<label for="" align="center">AdditionalInformation</label>
<textarea name="" id=""> </textarea>
<br /><br />
<button type="submit" value="">Submit</button>
<button type="reset">Reset</button>
</form>
</body>
</html>

```

Learning Web Development

- I. Background Skills
 - A. Unix Commands
 - B. Vim Text Editor
- II. HTML
 - A. Minimal Page
 - B. Headings
 - C. Tags
 - D. Lists
 - i. Unordered
 - ii. Ordered
 - iii. Definition
 - iv. Nested
 - E. Links
- III. CSS
 - A. Anatomy
 - B. Basic Selector
 - i. Element
 - ii. Class
 - iii. Id
 - iv. Group
 - C. The DOM
 - D. Advanced Selectors
 - E. Box Model
- IV. Programming
 - A. Python
 - B. Javascript
- V. Database
 - A. Flat File
 - B. Relational

- create this using nested table.

```
<!DOCTYPE html>
<html lang="en">
  <head>
    <meta charset="UTF-8" />
    <meta name="viewport" content="width=device-width, initial-scale=1.0" />
    <title>Nested Table</title>
    <style></style>
  </head>
  <body>
    <table border="1">
      <tr style="background-color: rgb(31, 214, 214)">
        <th>Device</th>
        <th>Brand</th>
        <th colspan="3">Specifications</th>
      </tr>
      <tr>
        <td rowspan="2">SmartPhone</td>
        <td rowspan="2">Apple</td>
        <td>
          <table border="2">
            <tr style="background-color: goldenrod">
              <th>Model</th>
              <th>Storage</th>
            </tr>
            <tr>
              <td>iPhone 12 Pro</td>
              <td>256GB</td>
            </tr>
            <tr>
              <td>iPhone SE</td>
              <td>128GB</td>
            </tr>
          </table>
        </td>
      </tr>
      <tr>
        <td>Laptop</td>
        <td>HP</td>
        <td colspan="2">15.6" Display</td>
      </tr>
      <tr>
        <td>Tablet</td>
        <td>Samsung</td>
      </tr>
    </table>
  </body>
</html>
```

```

        <td colspan="2">10.5" Display</td>
    </tr>
</table>
</body>
</html>

```

Device	Brand	Specifications	
SmartPhone	Apple	Model	Storage
		iPhone 12 Pro	256GB
		iPhone SE	128GB
Laptop	HP	15.6" Display	
Tablet	Samsung	10.5" Display	

- create layout using html table

```

<!DOCTYPE html>
<html lang="en">
  <head>
    <meta charset="UTF-8" />
    <meta
      name="viewport"
      content="width=device-width, initial-scale=1.0"
    />
    <title>Table 5</title>
  </head>

  <body>
    <table bordercolor="black" rules="all" bgcolor="#98ff98">
      <tr style="font-weight: bolder">
        <td colspan="2">invoice #58521456985</td>

        <td colspan="3">15 september</td>
      </tr>
      <tr>
        <td>
          pay to: <br />
          Acme Billing Co. <br />

```

```

123 MAin st <br />
cityville, NA 13256<br />
</td>
<td colspan="4">
Coustomer<br />
John smith<br />
321 willow Way<br />
Southeast northwesternshire.MA 54321<br />
</td>
</tr>
<tr>
<td>
Name/Description<br />
Paperclips<br />
staples (box)<br />
</td>
<td>
Qty: <br />
2000<br />
200<br />
</td>
<td>
@<br />
0.02<br />
2.00<br />
</td>
<td>
Cost<br />
20.00<br />
200.00<br />
</td>
</tr>
<tr>
<td colspan="3">subtotal</td>
<td>220.00</td>
</tr>
<tr>
<td colspan="2">tax</td>
<td>9%</td>
<td>198.80</td>
</tr>
<tr>
<td colspan="3">grand Toatal</td>
<td>239.52</td>
</tr>
</table>
</body>
</html>
</td>

```

</tr>
</table>
</body>
</html>

invoice #58521456985		15 september	
pay to: Acme Billing Co. 123 MAin st cityville, NA 13256	Coustomer John smith 321 willow Way Southeast northwesternshire.MA 54321		
Name/Description	Qty:	@	Cost
Paperclips	2000	0.02	20.00
staples (box)	200	2.00	200.00
subtotal			220.00
tax		9%	198.80
grand Toatal			239.52