



Bansilal Ramnath Agarwal Charitable Trust's
Vishwakarma Institute of Technology
(An Autonomous Institute affiliated to Savitribai Phule Pune University)

E & TC Department
A.Y. 2021-22 Semester-II

Problem statement: Design a form for student registration using HTML tags.

Date of Performance: 7/03/2022.

Theme: Student Registration Form Webpage.

ET-A Batch A1
GROUP 6

Gr No	Roll No:	Name
11910109	3	Anant Abhyankar
12020074	16	Ali Aslam
11910008	25	Ankush Chadgal

1. Home Page.

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

<head>
  <link rel="icon" href="logo.png">
  <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>WT_Lab_2_Group_6</title>
</head>

<body>

  <table id="header" border="0" width="100%" cellpadding="0"
cellspacing="0" bgcolor="#1979a9">
    <tr>
      <td>
        <table border="0" width="85%" cellpadding="10" cellspacing="0"
align="center">
          <tr>
            <td>
              <font face="Aharoni" color="#FFFF00" size="6">

                <marquee behavior="" direction="left" align="">Student
Registration Form Started
              </marquee>
            </font>

          </td>

          <td width="5%">
```


| | <tr> |
| | <tr> |

 <td width="18%"> |

size="4">Home

[illegible]

About Us

[illegible]

<font face="Aharoni" color="#FFFFFF"

size="4">Admissions

[illegible]


```
<font face="Aharoni" color="#FFFFFF"
```

size="4">Departments

[illegible]

```
<a href="Login.html">
```

```
<font face="Aharoni" color="#FFFFFF"
```

size="4">Login/Sign

</table>

```

        <!-- End Header
Start Header -->
        <table id="home" border="0" width="100%" cellpadding="0"
cellspacing="0" bgcolor="#292929">
            <tr>
                <td>
                    <table border="0" width="85%" cellpadding="" cellspacing="0"
align="center">
                        <tr>
                            
                        </td>
                    </tr>
                </table>
            <!--End Home-->

```

```

        <!--student registration form-->
        <table id="header" border="0" width="100%" cellpadding="0"
cellspacing="0" bgcolor="red">
            <tr>
                <td>
                    <table border="0" width="85%" cellpadding="10"
cellspacing="0" align="center">
                        <tr>
                            <td>
                                <center>
                                    <font face="Aharoni" color="#FFFF00"
size="6">
                                        <marquee behavior="alternate"
direction="">Student Registration Form</marquee>
                                    </center>
                                </font>

```

```
</td>
```

```
</td>
```

```
<!--student registration form-->
```

```
<table id="header" border="0" width="100%"  
cellpadding="10" cellspacing="0" bgcolor="#04124f">
```

```
<tr>
```

```
<td>
```

```
<table border="0" width="85%" cellpadding="10"  
cellspacing="0" align="center">
```

```
<tr>
```

```
<td>
```

```
<font face="Aharoni" color="#FFFF00"  
size="">
```

```
<form action="Back.html">
```

```
<center>
```

```
<table style="border: 5px;">
```

```
<tr>
```

```
<td>
```

```
STUDENT'S FULL NAME :
```

```
</td>
```

```
<td>
```

```
<input type="text"  
placeholder="your full name" name="full name" size="15"  
maxlength="15">(maximum 15 characters a-z and A-Z)
```

```
</td>
```

```
</tr>
```

```
<tr>
```

```
<td>
```

FATHER NAME :	</td> <td> <input type="text" placeholder="your father name" name="father name" size="15" maxlength="15">(max 15 characters a-z and A-Z) </td>
</tr>	
MOTHER NAME :	<td> <input type="text" placeholder="your mother name" name="MOTHER NAME" size="15" maxlength="15">(maximum 15 characters a-z and A-Z) </td>
</tr>	
DATE OF BIRTH :	<td> <select name="DATE"> <option value="DATE">DATE</option> <option value="DATE">1</option> <option value="DATE">2</option> <option value="DATE">3</option> <option value="DATE">4</option> <option value="DATE">5</option> <option value="DATE">6</option> <option value="DATE">7</option> <option value="DATE">8</option> <option value="DATE">9</option> <option value="DATE">10</option> <option value="DATE">11</option> <option value="DATE">12</option> <option value="DATE">13</option> <option value="DATE">14</option>

```
<option value="DATE">15</option>
<option value="DATE">16</option>
<option value="DATE">17</option>
<option value="DATE">18</option>
<option value="DATE">19</option>
<option value="DATE">20</option>
<option value="DATE">21</option>
<option value="DATE">22</option>
<option value="DATE">23</option>
<option value="DATE">24</option>
<option value="DATE">25</option>
<option value="DATE">26</option>
<option value="DATE">27</option>
<option value="DATE">28</option>
<option value="DATE">29</option>
<option value="DATE">30</option>
<option value="DATE">31</option>
</select>
```

```

<select name="MONTH">
  <option value="MONTH">MONTH</option>
  <option value="MONTH">January</option>
  <option value="MONTH">February</option>
  <option value="MONTH">March</option>
  <option value="MONTH">April</option>
  <option value="MONTH">May</option>
  <option value="MONTH">June</option>
  <option value="MONTH">July</option>
  <option value="MONTH">August</option>
  <option value="MONTH">september</option>
  <option value="MONTH">October</option>
  <option value="MONTH">November</option>
  <option value="MONTH">December</option>
</select>
```



```
<select name="YEAR">
  <option value="YEAR">YEAR</option>
  <option value="YEAR">1975</option>
  <option value="YEAR">1976</option>
  <option value="YEAR">1977</option>
  <option value="YEAR">1978</option>
  <option value="YEAR">1979</option>
  <option value="YEAR">1980</option>
  <option value="YEAR">1981</option>
  <option value="YEAR">1982</option>
  <option value="YEAR">1983</option>
  <option value="YEAR">1984</option>
  <option value="YEAR">1985</option>
  <option value="YEAR">1986</option>
  <option value="YEAR">1987</option>
  <option value="YEAR">1988</option>
  <option value="YEAR">1989</option>
  <option value="YEAR">1990</option>
  <option value="YEAR">1991</option>
  <option value="YEAR">1992</option>
  <option value="YEAR">1993</option>
  <option value="YEAR">1994</option>
  <option value="YEAR">1995</option>
  <option value="YEAR">1996</option>
  <option value="YEAR">1997</option>
  <option value="YEAR">1998</option>
  <option value="YEAR">1999</option>
  <option value="YEAR">2000</option>
  <option value="YEAR">2001</option>
  <option value="YEAR">2002</option>
  <option value="YEAR">2003</option>
  <option value="YEAR">2004</option>
  <option value="YEAR">2005</option>
</select>

</td>
</tr>
```

	<tr> <td> MOBILE NUMBER : </td> <td> <input type="number" placeholder="your mobile number" name="Mobile number" size="11" maxlength="11"> (11 digit number) </td> </tr>
	<tr> <td> PARENTS NUMBER : </td> <td> <input type="number" placeholder="your parents mobile number" name="Mobile number" size="11" maxlength="11"> (11 digit number) </td> </tr>
	<tr> <td> STUDENT EMAIL ID : </td> <td> <input type="text" placeholder="123@gmail.com" name="STUDENT EMAIL" size="15" maxlength="15"> </td> </tr>
	<tr>

	<td> PARENTS EMAIL ID : </td> <td> <input type="123@gmail.com" placeholder="123@gmail.com" name="STUDENT EMAIL" size="15" maxlength="15"> </td> </tr>
	<tr> <td> GENDER </td> <td> MALE: <input type="radio" name="Gender"> FEMALE: <input type="radio" name="Gender"> OTHERS: <input type="radio" name="Gender"> </td> </tr>
	<tr> <td> ADDRESS : </td> <td> <textarea name="Address" cols="30" rows="5"></textarea> </td> </tr>
	<tr> <td> CITY : </td> <td>

(max 15 characters a-z and A-Z)

</td>

</tr>

<tr>

<td>

POSTAL CODE :

</td>

<td>

(max 5 characters a-z and A-Z)

</td>

</tr>

<tr>

<td>

COUNTRY :

</td>

<td>

</td>

<tr>

<td>

HOBBIES :

</td>

<td>

Drawing:<input type="Checkbox" value="Drawing" name="Hobbies"> Singing:

<input type="Checkbox"

value="Singing" name="Hobbies"> Cricket:

`value="Cricket" name="Hobbies"> Dancing:` `<input type="Checkbox"`

☐
 Others:

```
<input type="Checkbox" value="Others" name="Hobbies"><input type="text" placeholder="your hobbies" name="Others" size="30" maxlength="15">(maximum 30 characters a-z)
```

| | |

<p>QUALIFICATIONS</p>

 |

| <tr> |
 S.no | Examinations | Board | percentage | year of |

passing

| | <tr> |
 1 | Class X |

<td>	<input
------	--------

type="text"></td>

type="number"></td>

type="number"></td>

| | |

type="text"></td>	<td>2</td>
type="number"></td>	<td>Class XII</td>
type="number"></td>	<td> <input
	<td> <input
	<td> <input
	</tr>
type="text"></td>	<tr>
type="number"></td>	<td>3</td>
type="number"></td>	<td>Graduation</td>
	<td> <input
	<td> <input
	<td> <input
	</tr>
type="text"></td>	<tr>
type="number"></td>	<td>4</td>
type="number"></td>	<td>Masters</td>
	<td> <input
	<td> <input
	<td> <input
	</tr>
	</table>
	</td>
	</tr>
	<tr>

	<td> COURSES APPLIED FOR: </td> <td> B.CA: <input type="radio" name="COURSES APPLIED FOR"> B.COM: <input type="radio" name="COURSES APPLIED FOR"> B.SC: <input type="radio" name="COURSES APPLIED FOR"> B.A: <input type="radio" name="COURSES APPLIED FOR"> B.TECH <label> Branch : </label> <select> <option value="Branch" >Branch/option> <option value="ENTC">ENTC</option> <option value="ME">ME</option> <option value="CS">CS</option> <option value="IT">IT</option> <option value="Chemical">Chemical</option> <option value="Instrumentation">Instrumentation</option> </select>
	</td> </tr> <tr> <td>

```

ENTER PASSWORD :
</td>
<td>
    <input type="password"
placeholder="passwd" name="PASSWORD" size="11" maxlength="11">
</td>
</tr>

<tr>
<td>
    RETYPE PASSWORD :
</td>
<td>
    <input type="password"
placeholder="passwd" name="PASSWORD" size="11" maxlength="11">
</td>
</tr>
<tr>
<td>
    <input type="button"
class="button_active" value="Submit" onclick="location.href='sucess.html'" ;>
</td>
<td>
    <button type="reset">Reset
</button>
</td>
</tr>
</div>
</table>
</form>
</div>
</center>
</font>
</td>
</tr>
</table>

```


[illegible]

[illegible]


```

<body style="background-color: rgb(219, 219, 219);">
  <form action="" method="">
    <center>
      <h1>Login Details</h1>
    </center>

    <p>Name: * <br><input type="text" name="name" required></p>
    <fieldset>
      <legend>Gender * <br></legend>

      <p>
        Male <input type="radio" name="gender" id="" required> Female
        <input type="radio" name="gender" id="" required>
      </p>
    </fieldset>
    <P>Email: <br> <input type="email" name="email" id="email"
required></P>
    <p>Password: * <br><input type="password" id="pass" required></p>
    <input type="submit" class="button_active" value="Login" ;>
    <input type="submit" class="button_active" value="Back"
onclick="location.href='LAB_2.html'" ;>
  </body>

</html>

```

3. Submitted Successfully

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

<head>
  <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>form_submitted</title>
</head>

<body>

</body>

</html>

<body>
  <div class="thankyou">
    <center>
      <a> 

      </a>
      <h1>Thank You</h1>
      <h2>Your Form Has Been Submitted Successfully</h2>
      <a href="LAB_2.html">Go Back</button></a>
    </center>
  </div>
</body>

</html>
```

4. Departments List

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

<head>
  <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>Departments</title>
</head>

<body>
  <table id="header" border="0" width="100%" cellpadding="0"
cellspacing="0" bgcolor="#1979a9">
    <tr>
      <td>
        <table border="0" width="85%" cellpadding="10" cellspacing="0"
align="center">
          <tr>
            <td>
              <font face="Aharoni" color="#FFFF00" size="6">
                <center>
                  <a href="LAB_2.html">Home</a>
                </center>
              </font>
              <font face="Aharoni" color="#FFFF00" size="6">
                <marquee behavior="" direction="left"
align="">Departments
              </marquee>
            </font>
          </td>
        </tr>
      </td>
    </tr>
  </table>
</body>
```

```
</tr>
</table>
</a>
</body>

</html>
```


Output:

Student Registration Form Started

[Home](#)[About Us](#)[Admissions](#)[Departments](#)[Login/Sign](#)

Vishwakarma Institute of Technology

One of the Prestigious Institute of Technology, Pune



Student Registration Form

Students Details

STUDENT'S FULL NAME : (maximum 15 characters a-z and A-Z)

DATE OF BIRTH : DATE MONTH YEAR

MOBILE NUMBER : (11 digit number)

EMAIL ID :

GENDER : **MALE:** ☐ **FEMALE:** ☐ **OTHERS:** ☐

ADDRESS :

CITY : (max 15 characters a-z and A-Z)

POSTAL CODE : (max 5 characters a-z and A-Z)

COUNTRY :

HOBBIES : **Drawing:** ☐ **Singing:** ☐ **Cricket:** ☐ **Dancing:** ☐
Others: ☐ (maximum 30 characters a-z)

Parents Details

FATHER NAME : (max 15 characters a-z and A-Z)

MOTHER NAME : (maximum 15 characters a-z and A-Z)

OCCUPATION : (maximum 15 characters a-z and A-Z)

MOBILE NUMBER : (11 digit number)

PARENTS EMAIL ID :

Education Details

	S.no	Examinations	Board	percentage	year of passing
QUALIFICATIONS	1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>

COURSES APPLIED FOR: **B.CA:** ☐ **B.COM:** ☐ **B.SC:** ☐ **B.A:** ☐ **B.TECH Branch:** Branch/option> ▾

ENTER PASSWORD :

RETYPE PASSWORD :

About

[YouTube](#) | [LinkedIn](#) | [Instagram](#)

[FAQ](#)[Contact Us](#)[Quick Link](#)[Sister Institites](#)[© 2022](#)

Home Departments

DEPARTMENT OF E & TC ENGINEERING

UG Program Intake - 240

PG program Intake - 18

Research Program - Ph.D.

DEPARTMENT OF ARTIFICIAL INTELLIGENCE & DATA SCIENCE

UG Program Intake - 180

MASTER OF COMPUTER APPLICATION

PG Program Intake - 60

DEPARTMENT OF ENGINEERING SCIENCE AND HUMANITIES

UG Program Sanctioned Intake - 1200

TFWS Seats- 60

Total Intake - 1260

DEPARTMENT OF INSTRUMENTATION ENGINEERING

UG Program Intake - 120

DEPARTMENT OF MECHANICAL ENGINEERING

UG Program Intake - 240

PG program Intake - Design Engineering : 18

Research Program - Ph.D. (Mechanical Engineering)

DEPARTMENT OF CHEMICAL ENGINEERING

UG Program Intake - 120 (NBA Accredited)

PG program Intake - 18

Research Program - Ph.D.

DEPARTMENT OF INFORMATION TECHNOLOGY

UG Program Intake - 60

DEPARTMENT OF COMPUTER ENGINEERING

UG Program Intake - 240

PG program Intake - 18

Research Program - Ph.D. (Computer Engineering)

Login Details

Name: *

Gender *

Male ☐ Female ☐

Email: *

Password: *

Login

Back

*****END*****