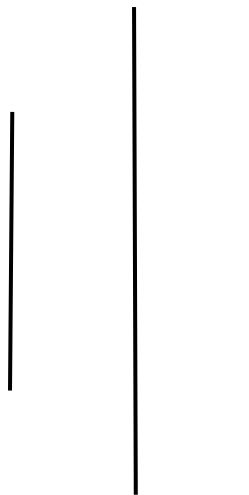


**NEPAL COLLEGE OF INFORMATION TECHNOLOGY  
BALKUMARI, LALITPUR**



(Affiliated to Pokhara University)

**Subject:** Web Technology



**Lab Report# 5**

**Title:- Familiarization with Form**

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# HTML FORM

An HTML form is used to collect user input. The user input is most often sent to a server for processing.

## The <form> Element

The HTML `<form>` element is used to create an HTML form for user input. The `<form>` element is a container for different types of input elements, such as: text fields, check boxes, radio buttons, submit buttons, etc.

## The <input> Element

The HTML `<input>` element is the most used form element.

An `<input>` element can be displayed in many ways, depending on the `type` attribute.

Here are some examples:

Type	Description
<code>&lt;input type="text"&gt;</code>	Displays a single-line text input field
<code>&lt;input type="radio"&gt;</code>	Displays a radio button (for selecting one of many choices)
<code>&lt;input type="checkbox"&gt;</code>	Displays a checkbox (for selecting zero or more of many choices)
<code>&lt;input type="submit"&gt;</code>	Displays a submit button (for submitting the form)
<code>&lt;input type="button"&gt;</code>	Displays a clickable button

Qs 1.

# code

```
nl  table1_cw.html  table_cw2.html  marquee.html  form.html  qs4.html _\lab5.html  qs5.html _\lab5.html
projectlab3.html - Copy > css2.html > projectlab4.html > formmm.html > lab5.html > formqs1.html > html > head > style > #A
1  <!DOCTYPE html>
2  <html lang="en">
3  <head>
4      <meta charset="UTF-8">
5      <meta name="viewport" content="width=device-width, initial-scale=1.0">
6      <title>Document</title>
7      <style>
8          form{
9              width: 500px;
10             float: right;
11         }
12         input{
13             forced-color-adjust: red
14         };
15     }
16     #A{
17         position: relative;
18         right: 1000px;
19         top: 500px;
20     }
21 }
22 input:focus
23 {
24     background-color: red;
25 }
26 </style>
27 </head>
28 <body style="background-image: url(/ncit.jpg); background-size: 2300px; background-repeat: no-repeat;" >
29
30     <form action="" style="background-color: aqua;">
31         <caption><center>Admission Form</center></caption><br><br>
32         <label for="Firstname"></label>
33         First name: <input type="text" name="" id="" placeholder="Astha"><br><br>
34         Last name:
35         <input type="text" name="" id="" placeholder="Thapa"><br><br>
36         Email: <input type="text" name="" id=""><br><br>
37         Password:
38         <input type="text" name="" id="" placeholder="123434"><br><br>
39         DOB
40         <input type="date" name="" id=""><br><br>
41         Contact No.
42         <input type="text" name="" id="" placeholder="2324"><br><br>
43         State
44         <input type="text" name="" id="" disabled><br><br>
45         Photo
46         <input type="file" name="" id=""><br><br>
47         Gender:
48         Male<input type="radio" name="" id="">
49         Female <input type="radio" name="" id="" checked>
50         Other <input type="radio" name="" id=""><br><br>
51         Faculty:
52         BCA <input type="radio" name="" id="">
53         BBS<input type="radio">
54         +2 <input type="radio" name="" id=""><br><br>
55         Hobbies:
56         Music <input type="checkbox" name="" id="">
57         Travel <input type="checkbox" name="" id="">
58         Reading books <input type="checkbox" name="" id=""><br><br>
59         Nationality
60         <select name="" id="">
61             <option value="">Nepali</option>
62             <option value="">Indian</option>
63         </select><br><br>
64         Message <br>
65         <textarea name="" id="" cols="30" rows="10"></textarea><br><br>
66         Terms & Condition :
67         Agree<input type="radio" name="" id="">
68         Disagree <input type="radio" name="" id=""><br><br>
69         <input type="button" value="SignUp">
70         <input type="button" name="" id="" value="Clear">
71     </form>
72     <form action="" style="background-color: green;" style="width: 300px;" id="A" >
73         <caption ><center>Login</center></caption><br><br>
74         User Name: <input type="text" name="" id="" placeholder="Astha" style="forced-color-adjust: red;"><br><br>
75         Password: <input type="text" name="" id="" placeholder="136234"><br><br>
76         <a href=""><center>forget password?</center></a>
77     </form>
78 </body>
```

## OUTPUT

Admission Form

First name:

Last name:

Email:

Password:

DOB:

Contact No:

State:

Photo:  No file chosen

Gender: ☒ Male ☐ Female ☐ Other

Faculty: ☒ BCA ☐ BBS ☐ +2

Hobbies: ☒ Music ☐ Travel ☐ Reading books

Nationality:

Message:

Terms & Condition: ☒ Agree ☐ Disagree

## QS 2.

### Code

```
nl  table1_cw.html  table_cw2.html  marquee.html  form.html  qs4.html  ...lab5.html  qs5.html  ...lab5.html  ...
projectlab3.html - Copy > css2.html > projectlab4.html > formmm.html > lab5.html > qs2.html > html > body > table > form > tr > td > c
1  <!DOCTYPE html>
2  <html lang="en">
3  <head>
4      <meta charset="UTF-8">
5      <meta name="viewport" content="width=device-width, initial-scale=1.0">
6      <title>Document</title>
7      <style>
8          body{
9              border-collapse: collapse;
10         }
11     </style>
12 </head>
13 <body>
14     <table border="1" cellpadding="2" cellspacing="2">
15         <form action="">
16             <tr>
17                 <th>Name</th>
18                 <th>Value</th>
19             </tr>
20             <tr>
21                 <td>Name</td>
22                 <td><input type="text"></td>
23             </tr>
24             <tr>
25                 <td>Sex</td>
26                 <td><input type="radio" name="" id=""> Male<br>
27                     <input type="radio" name="" id="" checked=""> Female</td>
28             </tr>
29             <tr>
30                 <td>Eye color</td>
31                 <td><select name="" id="">
32                     <option value="">green</option>
33                     <option value="">blue</option>
34                 </select></td>
35             </tr>
36             <tr>
```

```

36     <td colspan="2">
37         <td>Check all that apply</td>
38         <td><input type="checkbox" name="" id="">Over 6ft tall<br>
39             <input type="checkbox" name="" id="">Over 200 pound</td>
40     </td>
41 </tr>
42 <tr>
43     <td colspan="2">Describe your athletic ability:</td>
44 </tr>
45 <tr>
46     <td colspan="2">
47         <textarea name="" id="" cols="40" rows="10"></textarea>
48     </td>
49 </tr>
50 <tr>
51     <td colspan="2"><center><input type="button" name="" id="" value="Enter my information"></center></td>
52 </tr>
53 </form>
54 </table>
55 </body>
56 </html>

```

## Output

Name	Value
Name	<input type="text"/>
Sex	<input type="radio"/> Male <input checked="" type="radio"/> Female
Eye color	<input type="text" value="green"/> ▼
Check all that apply	<input type="checkbox"/> Over 6ft tall <input type="checkbox"/> Over 200 pound
Describe your athletic ability:	
<div><div></div></div>	
<input type="button" value="Enter my information"/>	



#### Qs 4.

```

1  <!DOCTYPE html>
2  <html lang="en">
3  <head>
4      <meta charset="UTF-8">
5      <meta http-equiv="X-UA-Compatible" content="IE=edge">
6      <meta name="viewport" content="width=device-width, initial-scale=1.0">
7      <title>Document</title>
8  </head>
9  <body>
10     <fieldset>
11         <legend>Registration</legend>
12         <fieldset>
13             <legend>Personal Info</legend>
14             Firstname: <input type="text" name="" id="" placeholder="Firstname">
15             Lastname: <input type="text" name="" id="" placeholder="Lastname">
16             Age: <input type="text" name="" id="">
17             <br><br>
18             Email: <input type="email" name="" id="">
19             Phone: <select name="" id="">
20                 <option value="">+977</option>
21                 <option value="">+1</option>
22                 <option value="">+44</option>
23                 <option value="">+52</option>
24             </select>
25             <input type="text" name="" id="">
26             Address:
27             <select name="" id="">
28                 <option value="">KTM</option>
29                 <option value="">Pokhara</option>
30                 <option value="">Biratnagar</option>
31                 <option value="">Itahari</option>
32             </select>
33             <br><br>
34             Gender:
35             <input type="radio" name="" id="">Male
36             <input type="radio" name="" id="" checked="">Female
37             <input type="radio" name="" id="">Other
38         </fieldset>
39     </fieldset>
40     <fieldset>
41         <legend>Credential</legend>
42         Username: <input type="text" name="" id="">
43         <br><br>
44         Password: <input type="text" name="" id="">
45     </fieldset>
46     <fieldset>
47         <legend>Interest</legend>
48         Hobby:
49         <input type="checkbox" name="" id="">Cricket
50         <input type="checkbox" name="" id="">Music
51         <input type="checkbox" name="" id="">Football
52         <br><br>
53         Faculty:
54         <input type="checkbox" name="" id="">IT
55         <input type="checkbox" name="" id="">BCA
56         <input type="checkbox" name="" id="">SE
57     </fieldset>
58     <br>
59     College:
60     <input type="text" name="" id="" value="NCIT">
61     <br><br>
62     photo:
63     <input type="file" name="" id="">
64     <br><br>
65     Document:
66     <input type="file" name="" id="">
67     <br><br>
68     Message:<textarea name="" id="" cols="30" rows="20">Type your message here</textarea>
69     <br><br>
70     <input type="Submit" name="" id="">
71     <input type="Reset" name="" id="">
72     <input type="button" name="" id="" value="ok">
73 </fieldset>
74 </body>
75 </html>

```

## Output

Registration

Personal Info

Firstname:  Lastname:  Age:

Email:  Phone:   Address:

Gender: ☐ Male ☒ Female ☐ Other

Credential

Username:

Password:

Interest

Hobby: ☐ Cricket ☐ Music ☐ Football

Faculty: ☐ IT ☐ BCA ☐ SE

College:

photo:  No file chosen

Document:  No file chosen

Type your message here

Message:

Qs5.

Output:

User Login...

Enter Name:

Enter password:

Activate Windows

## Code

```
projectlab3.html - Copy > css2.html > projectlab4.html > formmm.html > lab5.html > qs4.html > html
1  <!DOCTYPE html>
2  <html lang="en">
3  <head>
4      <meta charset="UTF-8">
5      <meta name="viewport" content="width=device-width, initial-scale=1.0">
6      <title>Document</title>
7      <style>
8          #A{
9              border: 2px solid black;
10         }
11     </style>
12 </head>
13 <body style="background-color: aqua;">
14     <p><center><u>User Login...</u></center></p>
15     <form action="" id="A">
16         <table border="0" >
17             <tr>
18                 <td>Enter Name:</td>
19                 <td><input type="text" name="" id=""></td>
20             </tr>
21             <br><br>
22             <tr>
23                 <td>Enter password:</td>
24                 <td><input type="text" name="" id=""></td>
25             </tr>
26         </table><br>
27         <input type="button" name="" id="" value="Login"><br><br>
28     </form>
29 </body>
30 </html>
```