

BIPIN TRIPATHI KUMAON INSTITUTE OF TECHNOLOGY CSE DEPARTMENT

3RD YEAR

BATCH 2019-2023

SEMESTER-V

INTERNET & WEB TECHNOLOGY TUTORIAL SHEET-1

SUBMITTED TO:

SUBMITTED BY:

KAPIL CHAUDHARY SIR

AYUSH CHAURASIA

CSE DEPTT.

190180101014

BTKIT, DWARAHAT

CSE 3rd YEAR (5th SEM)

Name=Ayush Chaurasia Roll no.=190180101014

Login page :-

```
width:fit-content;
  margin: auto;
  margin-top: 7cm;
  height: 100%;
  width: 40%;
  padding: 2cm;
}
.log h2{
  text-align:center;
}
.for{
  background-color: aqua;
}
.us{
  margin-left: 4cm;
  margin-top: 1cm;
```

```
padding-top:1cm;
    }
    .b{
      position:relative;
      margin-top: -30px !important;
      width: auto;
    }
    .b a{
      text-decoration: none;
      background-color:rgb(238, 235, 235);
      padding: 4px;
      margin-left: 2px;
      border-radius: 3px;
    }
  </style>
  <title>online admission login portal</title>
</head>
<body>
  <div class="log">
```

```
<h2>online login form</h2>
    <div class="for">
      <form action="#">
       <div class="us">
        <label for="ID"><B>username:-</B></label>
        <input type="text" name="username" placeholder="enter
your username" id="ID">
        <br><br>>
        <label for="pwd"><B>password:-</B></label>
        <input type="password" name="mypwd" id="pwd"
placeholder="enter your password">
      </div>
        <br><br><
        <div class="b">
          <a href="admissionform.html" >login</a>
          <button type="reset">reset</button>
        </div>
       </form>
    </div>
```

</div>

</body>

</html>

Name=Ayush Chaurasia

Roll no.=190180101014

Admission form:

```
<!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-</pre>
scale=1.0">
  <title>BTKIT admission form</title>
  <style>
    h1{
      background-position: center 0;
    }
    body{
      background-image: url(https://images.unsplash.com/photo-
1565022987248-f4ffe001d362?ixlib=rb-
```

1.2.1&ixid=MnwxMjA3fDB8MHxwaG90by1yZWxhdGVkfDE5fHx8ZW58 MHx8fHw%3D&auto=format&fit=crop&w=500&q=60);

```
background-size: 100%;
}
#img_id{
  display: inline-block;
  width: auto;
  border-radius: 200%;
}
.container{
  display: grid;
  width: 100%;
  height: 250px;
grid-template-columns: 40% 60%;
  align-items: flex-start;
  margin: auto;
```

```
}
  h1{
    float: left;
 }
  </style>
</head>
<body>
  <div
  class="container"
  >
    <img id="img_id" src="download.jpg" alt="clg_img">
    <h1 ><ins>Admission-Form</ins></h1>
  </div>
   <form action="#">
    <label for="name"><B>Name:-</B></label>
```

```
<input type="text" name="myname" id="name">
    <br><br><
    <label for="dob"><B>Date of birth:-</B></label>
    <input type="date" name="mybirth" id="dob">
    <br><br><
    <label for="age"><B>Age:-</B></label>
    <input type="number" name="myage" id="age">
    <br><br><
    <label for="gen"><b>Gender:- </b></label>
   male- <input type="radio" name="mygender" id="gen">female-
<input type="radio" name="mygender" id="gen">other- <input
type="radio" name="mygender" id="gen">
   <br><br><
   <label for="em"><B>Email-id:-</B></label>
    <input type="email" name="mymail" id="em">
    <br><br><
    <label for="mname"><B>Mother's name:-</B></label>
    <input type="text" name="mymother" id="mname">
    <br><br><
    <label for="fname"><B>Father's name:-</B></label>
```

```
<input type="text" name="myfather" id="fname">
    <br><br><
    <label for="no"><B>phone number:-</B></label>
    <input type="text" name="mynumber" id="no">
    <br><br><
    <label for="class"><b>In which branch you want to take
admission:-</b></label>
    <select name="myclass" id="class">
      <option value="cse">CSE</option>
      <option value="mech">Mech</option>
      <option value="civil">Civil</option>
      <option value="electrical">Electrical</option>
    </select>
    <br><br><
    <label for="lang"><B>Language spoken:-<br>></B></label>
    Hindi-<input type="checkbox" name="mylang" id="lang" selected>
    English-<input type="checkbox" name="mylang" id="lang">
    others-<input type="checkbox" name="mylang" id="lang">
    <br><br><
```

```
<label for="summary"><B>Tell me about yourself:-
<br></B></label>
    <textarea name="about" id="summary" rows="10"
cols="70"></textarea>
    <br>><br>>
    <label for="sure"><B>Are you sure you want to submit:-
</B></label>
    <input type="checkbox" name="mysure" id="sure" selected>
    <br><br>>
    <input type="submit" value="submit now">
    <input type="reset" value="reset">
  </form>
</body>
</html>
```