

**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 :-**

<!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">

<style>

body{

background-color: rgb(250, 238, 224);

}

.log{

background-color: aquamarine;

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-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=MnwxMjA3fDB8MHxwaG90by1yZWxhdGVkfDE5fHx8ZW58MHx8fHw%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>