

Index.html

```
<html>
<head>
  <title>CSS Form - Pseudo Classes</title>
  <style>
    body {
      background-color: #202020;
      display: flex;
      justify-content: center;
      align-items:center;
      height: 100vh;
      margin: 0;
    }
    .container {
      background-color: #ffc9c9;
      padding: 20px;
      border-radius: 30px 0px 30px 0px;
      box-shadow: 0 0 5px rgb(151, 108, 108);
      text-align: center;
      width: 700px;
    }
    .container h1 {
      margin-bottom: 20px;
      font-family:'Franklin Gothic Medium', 'Arial Narrow', Arial, sans-
      serif;
      color: #453e3e;
      text-align: center;
    }
    form {
      display: flex;
      flex-direction: column;
      align-items: center;
    }
    input[type="text"],
    input[type="password"],
    input[type="email"],
    input[type="number"],
    input[type="date"],
    select,
    input[type="submit"] {
      width: 90%;
      padding: 10px;
      margin-bottom: 10px;
      border: 1px solid #ccc;
      border-radius: 25px;
      background-color: #fff;
    }
  }
</style>
</head>
<body>
  <div class="container">
    <h1>CSS Form</h1>
    <form>
      <input type="text"/>
      <input type="password"/>
      <input type="email"/>
      <input type="number"/>
      <input type="date"/>
      <select/>
      <input type="submit" value="Submit"/>
    </form>
  </div>
</body>
</html>
```

```
input[type="text"]:invalid,
input[type="password"]:invalid,
input[type="email"]:invalid,
input[type="number"]:invalid,
input[type="date"]:invalid
{
    border-color: red;
    border-width: 1px;
}
input[type="text"]:valid,
input[type="password"]:valid,
input[type="email"]:valid,
input[type="number"]:valid,
input[type="date"]:valid {
    border-color: green;
    border-width: 1px;
}
.radio-group,
.checkbox-group {
    display: block;
    width: 100%;
    margin-bottom: 10px;
}
input[type="radio"],
input[type="checkbox"] {
    margin-right: 5px;
}
</style>
</head>
<body>
    <div class="container">
        <h1>CSS Form - Pseudo Classes</h1>
        <form>
            <input type="text" placeholder="User Name *" name="username"
pattern="[A-Za-z0-9]{3,}" required>
            <input type="password" placeholder="Password *" name="password"
pattern=".{6,}" required>

            <input type="date" placeholder="DOB *" name="dob" required>
            <input type="email" placeholder="eMail id *" name="email"
required>
            <input type="number" placeholder="Mobile Number *" name="mobile"
required>

            <div class="radio-group">

                <input type="radio" name="gender" value="male" required> Male
```

```
        <input type="radio" name="gender" value="female" required>
Female
    </div>

    <div class="checkbox-group">
        <input type="checkbox" name="language" value="english"
required> English
        <input type="checkbox" name="language" value="hindi" required>
Hindi
        <input type="checkbox" name="language" value="telugu"
required> Telugu
        <input type="checkbox" name="language" value="marathi"
required> Marathi
        <input type="checkbox" name="language" value="bengali"
required> Bengali
        <input type="checkbox" name="language" value="kannada"
required> Kannada
        <input type="checkbox" name="language" value="gujarati"
required> Gujarati
        <input type="checkbox" name="language" value="tamil" required>
Tamil
        <input type="checkbox" name="language" value="punjabi"
required> Punjabi

    </div>
    <select name="state" required>
        <option value="">Select State *</option>
        <option value="Andhra Pradesh">Andhra Pradesh</option>
        <option value="Tamil Nadu">Tamil Nadu</option>
        <option value="Karnataka">Karnataka</option>
        <option value="Maharashtra">Maharashtra</option>
        <option value="Uttar Pradesh">Uttar Pradesh</option>
        <option value="Rajasthan">Rajasthan</option>
        <option value="Kerala">Kerala</option>
        <option value="West Bengal">West Bengal</option>
        <option value="Odisha">Odisha</option>
        <option value="Bihar">Bihar</option>
    </select>
    <input type="submit" value="Submit">
</form>
</div>
</body>
</html>
```

### CSS Form - Pseudo Classes

☒ Male ☐ Female

☒ English ☒ Hindi ☒ Telugu ☐ Marathi ☐ Bengali ☐ Kannada ☐ Gujarati ☐ Tamil ☐ Punjabi