

Assignment – 5

XML Lab

Reg No – 2021CA006

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Create following html pages:-

1.

Username:

Email id:

Submit

Code:-

```
<!Doctype html>
```

```
<html>
```

```
<head>
```

```
<title>Creating Form</title>
```

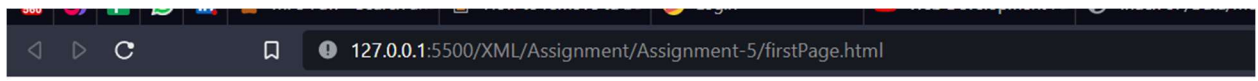
```
</head>
```

```
<style>
```

```
h3{
    color: lime;
    font: 100;
}
</style>
<body>
    <h3>Demonatraion of <b>form</b></h3>

    <label for="name" >Username:</label>
    <br>
    <input type="text" id="name" name="username">
    <br><br>
    <label for="email" >Email id:</label>
    <br>
    <input type="email" id="email" name="email_id">
    <br><br>
    <input type="submit">
</body>
</html>
```

Output:-



Demonatraion of form

Username:

Email id:

2.

Personal Details

Name:

Password:

E-mail id:

Gender:

☐ Male ☐ Female

Contact#:

Educational Qualification

Degree:

-- Select Group -- ▾

Engineering:

-- Select Group -- ▾

Hobbies:

☐ Playing chess ☐ Reading Books

Address

Attch Resume:

Choose File

No file chosen

SUBMIT

→

Code:-

```
<!Doctype html>
```

```
<html>
```

```
<head>
```

```
<title>Creating Form</title>
```

```
<script src="https://kit.fontawesome.com/827ccc3663.js"
crossorigin="anonymous"></script>

</head>

<style>
  h2{
    color: red;
    font: 100;
  }
  div.all
  {
    border-block-start: 20% ;
    border: 2px solid red;
  }

</style>

<body style="background-color: rgb(184, 234, 67); text-align: center;">

<div class="all">
  <form action="">
    <h2>Personel Details</b></h2>
    <label for="name" >Name:</label>
    <input type="text" id="name" name="username">
    <br><br>
    <label for="password">Password:</label>
    <input type="password" id="password" name="
```

password">

<label for="email" >Email id:</label>

<input type="email" id="email" name="email_id">

<label for="gender">Gender:- </label>

<label for="male">Male</label>

<input type="radio" name="gender" id="male" value="male">

<label for="female">Female</label>

<input type="radio" id="female" name="gender" value="female">

<label for="contact">Contact#:</label>

<input type="text" name="contact" id="contact">

<h2>Educational Qualification</h2>

<Label for="degree">Degree: </Label>

<select name="degree" id="degree">

<option selected disabled>---Select Group-- </option>

<option value="UG">UG</option>

<option value="PG">PG</option>

</select>


```
<label for="engineering">Engineering: </label>
<select name="engineering" id="eng">
<option selected disabled>---Select Group--&nbsp;&nbsp;&nbsp;</option>
<option value="CSC" id="eng">CSC</option>
<option value="IT" id="eng">IT</option>
<option value="EC" id="eng">Electrical Eng</option>
<option value="Civil" id="eng">Civil</option>
<option value="ME" id="eng">Mechanical</option>
<option value="CE" id="eng">Chemical</option>
</select>
<br><br>
<label for="Hobbies">Hobbies: &nbsp;&nbsp;&nbsp;</label>
<input type="checkbox" value="chess" name="hobbies">
<label for="Hobbies">Playing Chess</label>
<input type="checkbox" value="books" name="hobbies">
<label for="Hobbies">Reading Books</label>
<br><br>
<h2>Address</h2>
<textarea name="address" id="address" cols="30" rows="5"></textarea>

<br><br>
<label for="resume">Attach Resume: </label>
<input type="file" name="resume" id="resume">
```

Output:-

The screenshot shows a web browser window with a URL bar containing a long URL with a username and password. The page content is a web form with two main sections: 'Personel Details' and 'Educational Qualification'. The 'Personel Details' section includes fields for Name, Password, Email id, Gender (with radio buttons for Male and Female), and Contact#. The 'Educational Qualification' section includes dropdown menus for Degree and Engineering, and checkboxes for Hobbies (Playing Chess and Reading Books).

Address

Attach Resume: No file chosen



3.

STUDENT REGISTRATION FORM

FIRST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																										
LAST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)																										
DATE OF BIRTH	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>																											
EMAIL ID	<input type="text"/>																											
MOBILE NUMBER	<input type="text"/>	(10 digit number)																										
GENDER	Male <input type="radio"/> Female <input type="radio"/>																											
ADDRESS	<input type="text"/>																											
CITY	<input type="text"/>	(max 30 characters a-z and A-Z)																										
PIN CODE	<input type="text"/>	(6 digit number)																										
STATE	<input type="text"/>	(max 30 characters a-z and A-Z)																										
COUNTRY	<input type="text" value="India"/>																											
HOBBIES	Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="checkbox"/> <input type="text"/>																											
QUALIFICATION	<table><thead><tr><th>Sl.No.</th><th>Examination</th><th>Board</th><th>Percentage</th><th>Year of Passing</th></tr></thead><tbody><tr><td>1</td><td>Class X</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>2</td><td>Class XII</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3</td><td>Graduation</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>4</td><td>Masters</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>			Sl.No.	Examination	Board	Percentage	Year of Passing	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"/>
Sl.No.	Examination	Board	Percentage	Year of Passing																								
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"/>																								
		(10 char max)	(upto 2 decimal)																									
COURSES APPLIED FOR	BCA <input type="radio"/> B.Com <input type="radio"/> B.Sc <input type="radio"/> B.A <input type="radio"/>																											
<input type="button" value="Submit"/> <input type="button" value="Reset"/>																												

Code:-

<!Doctype html>

<html>

<head>

```
<title>Creating Form</title>

<script src="https://kit.fontawesome.com/827ccc3663.js"
crossorigin="anonymous"></script>

</head>

<style>

  /* h2{
    color: red;
    font: 100;
  } */

  div.all
  {
    color: white;
    background-color: rgba(68, 35, 216, 0.817);
    padding-top: 20px;
    font-size: 13px;
    padding-left: 20px;
  }

  div.heading
  {
    font-size: 13px;
    /* background-color: white; */
    color: rgba(68, 35, 216, 0.817);
  }

  div.tab
```

```
font-size: 13px;
/* padding-left: 65px; */
```

```
{
  /* background-color: rgba(68, 35, 216, 0.817); */
  padding-left: 20%;
}
```

```
<!-- <body style="background-color: ;text-align: center;"> -->
```

<div class="heading">

</div>

```
<form action="">
```

[illegible]

```
<input type="text" id="fname" name="fname" minlength="1"
maxlength="30">
```


[illegible]

<label

[illegible]☐

```
<!-- table -->
```


<label for="qualification">Qualification</label>

<div class="tab">

 Sr. No. | Examination | Board | Percentage | Year of Passing ||
 1 | Class X | | | |


```
<tr>
  <td style="padding-left: 90px;">2</td>
  <td>Class XII</td>
  <td style="background-color: white;"></td>
  <td style="background-color: white;"></td>
  <td style="background-color: white;"></td>
</tr>
<tr>
  <td style="padding-left: 90px;">3</td>
  <td>Graduation</td>
  <td style="background-color: white;"></td>
  <td style="background-color: white;"></td>
  <td style="background-color: white;"></td>
</tr>
<tr>
  <td style="padding-left: 90px;">4</td>
  <td>Masters</td>
  <td style="background-color: white;"></td>
  <td style="background-color: white;"></td>
  <td style="background-color: white;"></td>
</tr>
</table>
</div>
<br><br>
```

```
<label for="courses"> COURSES <br>APPLIED FOR
</label>
<label style="padding-left: 25px;" for="courses">BCA</label>
<input type="radio" id="BCA" name="courses">
<label for="courses">B.Com</label>
<input type="radio" id="B.Com" name="courses">
<label for="courses">B.Sc</label>
<input type="radio" id="B.Sc" name="courses">
<label for="courses">B.A</label>
<input type="radio" id="B.A." name="courses">

<br><br>
<div class="sbrst">
<button style="border-radius: 5px;">Submit</button>
<button style="border-radius: 5px;">Reset</button>
</div>
</form>
</div>
</body>
</html>
```

Output:-

Student Registration Form

First Name:	<input type="text"/>	(max 30 characters a-z and A-Z)
Last Name:	<input type="text"/>	(max 30 characters a-z and A-Z)
Date Of Birth:	<input type="text" value="mm/dd/yyyy"/>	
Email:	<input type="text"/>	
Mobile Number:	<input type="text"/>	(10 digit number)
Gender	Male <input type="radio"/> Female <input type="radio"/>	
Address	<input type="text"/>	
CITY	<input type="text"/>	(max 30 characters a-z and A-Z)
PINCODE	<input type="text"/>	(6 digit)
STATE	<input type="text"/>	(max 30 characters a-z and A-Z)
COUNTRY	<input type="text" value="India"/>	
HOBBIES	Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="checkbox"/> <input type="text"/>	

Qualification				
Sr. No.	Examination	Board	Percentage	Year of Passing
1	Class X			
2	Class XII			
3	Graduation			
4	Masters			

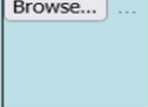
COURSES
APPLIED FOR BCA ☐ B.Com ☐ B.Sc ☐ B.A ☐

4.

XYZ College/School

Student Registration Form

Student Image:



(less than 5 Mb)

Student Name:

Father's Name:

Mother's Name:

Gender:

Male ☐ Female ☐ Other ☐

Date of Birth

E-mail:

Level:

Department:

Tel/Mobile:

Code:-

<!Doctype html>

```
<html>
```

```
<head>
```

```
<title>Creating Form</title>
```

```
<script src="https://kit.fontawesome.com/827ccc3663.js"  
crossorigin="anonymous"></script>
```

```
</head>
```

```
<style>
```

```
.input
```

```
{
```

```
border: 2px solid black;
```

```
border-radius: 5px;
```

```
}
```

```
.select
```

```
{
```

```
border: 2px solid black;
```

```
border-radius: 4px;
```

```
}
```

```
</style>
```

```
<body style="background-color: rgb(122, 165, 165);">
```

```
<div class="title">
```

```
<h1 style="text-align: center;">XYZ College/School</h1>
```

```
<h2 style="text-align: center;">Student Registration Form</h2>

</div>

<div class="all">

  <form action="">

    <label style="padding: 5%;" for="image">Student Image:</label>

    <input style="border: 2px solid black; border-radius: 5px; ;" type="image"
id="image" name="image" value="Browse Image">

    <label style="padding: 5%;" for="image">(less than 5 mb)</label>

    <br><br>

    <label style="padding: 5%;" for="fname">Student Name:</label>

    <input class="input" type="text" placeholder="Full Name" size="30">

    <br><br>

    <label style="padding: 5%;" for="fname">Father's Name:</label>

    <input class="input" type="text" placeholder="Father's Full Name" size="30">

    <br><br>

    <label style="padding: 4.5%;" for="fname">Mother's Name:</label>

    <input class="input" type="text" placeholder="Mother's Full Name"
size="30">

    <br><br>

    <label style="padding-left: 5%" for="gender">Gender:-&nbsp;&nbsp;&nbsp;</label>

    <label style="padding-left: 15%" for="male">Male</label>

    <input type="radio" name="gender" id="male" value="male">

    <label for="female">Female</label>

    <input type="radio" id="female" name="gender" value="female">
```

<label for="female">Other</label>

<input type="radio" id="other" name="gender" value="other">

<label style="padding: 5.5%;" for="fname">Date of Birth:</label>

<input class="input" type="text" placeholder="dd/ mm/ yyyy" size="30">

<label style="padding-left: 5%; padding-right: 12%" for="fname">E-mail:</label>

<input class="input" type="email" placeholder="email@xyz.com" size="30">

<label style="padding-left: 5%; padding-right: 20%" for="level">Level:</label>

<select class="select" name="level" id="level">

<option value="highSchool">High School </option>

<option value="intermediate">Intermediate</option>

<option value="graduation">Graduation</option>

</select>

<label style="padding-left: 5%; padding-right: 13.5%;" for="level" for="dept">Department:</label>

<select class="select" name="dept" id="dept">

<option value="EE">Electrical Engineering </option>

<option value="intermediate">Intermediate</option>

```
<option value="graduation">Graduation</option>

</select>

<br><br>

<label style="padding-left: 5%; padding-right: 8.5%;"
for="tel">Tel/Mobile</label>

<input class="input" type="tel" name="tel" placeholder="xxx xxx xxxx"
pattern="[0-9]{3} [0-9]{3} [0-9]{4}"
required="required" maxlength="12"/>

</form>




</div>

</body>

</html>
```

Output:-


127.0.0.1:5500/XML/Assignment/Assignment-5/fourthPage.html



XYZ College/School

Student Registration Form

Student Image:

 Browse Image

(less than 5 mb)

Student Name:

Father's Name:

Mother's Name:

Gender:-

Male

☐

Female

☐

Other

☐

Date of Birth:

E-mail:

Level:

High School

▼

Department:

Electrical Engineering

▼

Tel/Mobile

5.

Multiple Files Upload

Title	Select File	
<input type="text" value="Title"/>	<input type="button" value="Choose File"/> No file chosen	
<input type="text" value="Title"/>	<input type="button" value="Choose File"/> No file chosen	✖
<input type="text" value="Title"/>	<input type="button" value="Choose File"/> No file chosen	✖
<input type="text" value="Title"/>	<input type="button" value="Choose File"/> No file chosen	✖

Upload

Code:-

```
<!DOCTYPE html>
```

```
<html>
```

```
  <head>
```

```
    <title>Multiple Files Upload</title>
```

```
  </head>
```

```
  <style>
```

```
    .title
```

```
    {
```

```
      padding-left: 15%;
```

```
}
```

```
.select
```

```
{
```

```
padding-left: 30%;
```

```
}
```

```
.selln
```

```
{
```

```
border: 2px solid rgb(216, 211, 211);
```

```
border-radius: 3px;
```

```
padding:4px;
```

```
}
```

```
</style>
```

```
<body>
```

```
<label style="color: maroon; font-size: 25px;padding-left: 25%; padding-right: 25%" for="heading"><b>Multiple Files Upload</b></label>
```

```
<button style="background-color: cyan; width: 40px; height: 40px; border-color: cyan; font-size: 30px; color: white;">+</button>
```

```
<br><br>
```

```
<label class="title" for="title"><b>Title</b></label>
```

```
<label class="select" for="select"><b>Select File</b></label>
```

```
<br><br>
```

```
<label class="title" for=""></label>
```

```
<input style="padding:6px" type="text" name="title"
placeholder="Title" size="25">
<input class="selIn" type="file" name="title">
<br><br>
```

```
<label class="title" for=""></label>
<input style="padding:6px" type="text" name="title"
placeholder="Title" size="25">
<input class="selIn" type="file" name="title">
<br><br>
```

```
<label class="title" for=""></label>
<input style="padding:6px" type="text" name="title"
placeholder="Title" size="25">
<input class="selIn" type="file" name="title">

<br><br>
```

```
<label class="title" for=""></label>
<input style="padding:6px" type="text" name="title"
placeholder="Title" size="25">
```

```
<input class="selIn" type="file" name="title">
<br><br>
<label style="padding-left:85% " for=""></label>

<button style="background-color: rgb(62, 188, 62); border-color: rgb(62, 188,
62); color: white; width: 60px; height: 30px; border-radius:
3px;">Upload</button>

</body>
</html>
```

Output:-

Multiple Files Upload

Title	Select File
<input type="text" value="Title"/>	<div><div>Choose File</div><div>No file chosen</div></div>
<input type="text" value="Title"/>	<div><div>Choose File</div><div>No file chosen</div></div>
<input type="text" value="Title"/>	<div><div>Choose File</div><div>No file chosen</div></div>
<input type="text" value="Title"/>	<div><div>Choose File</div><div>No file chosen</div></div>

Upload

6.

Sign Up

First Name

Enter First Name...

Last Name

Enter Last Name...

Screen Name

Enter Screen Name...

Date of Birth

May

5

1985

Gender

☐ Male ☐ Female

Country

USA

E-mail

Enter E-mail.....

Phone

Enter Phone.....

Password

Confirm Password

☐ I agree to the Terms of Use

submit

Cancel

Code:-

```
<!Doctype html>
```

```
<html>
```

```
<head>

  <title>Creating Form</title>

  <script src="https://kit.fontawesome.com/827ccc3663.js"
crossorigin="anonymous"></script>

</head>

<style>

  label{

    padding: 8%;

  }

  .input
  {

    border: 2px solid black;

    border-radius: 5px;

    padding: .50%;

  }

  .select
  {

    border: 2px solid black;

    border-radius: 4px;

  }

  div.form
  {
```

```
    color: yellow;
    background-color: black;

}
</style>

<body>
    <div class="form">
        <div style="background-color: rgb(219, 148, 16);">
            <h2>Sign Up</h2>
        </div>
        <div class="all">
            <form action="">

                <label for="fname">First Name</label>
                <input class="input" type="text" placeholder="Enter First Name" size="30">
                <br><br>
                <label for="lname">Last Name</label>
                <input class="input" type="text" placeholder="Enter Last Name" size="30">
                <br><br>
                <label style="padding-right: 5.5%" for="screenName">Screen Name</label>
                <input class="input" type="text" placeholder="Enter Screen Name"
size="30">
                <br><br>
```


<!-- Date of birth -->

<label style="padding-right: 5.5%" for="dob">Date of Birth </label>

<!-- for month -->

<select style="padding: .5%; border-radius: 3px;" name="month" id="month"
name="month">

<option value="jan">January</option>

<option value="feb">February</option>

<option value="mar">March</option>

<option value="apr">April</option>

<option value="may" selected>May</option>

<option value="june">June</option>

<option value="july">July</option>

<option value="aug">August</option>

<option value="sept">September</option>

<option value="oct">October</option>

<option value="nov">November</option>

<option value="dec">December</option>

</select>

<label style="padding: 2%"

for=""></label>

<select style="padding: .5%; border-radius: 3px;" name="month" id="month"
name="month">

<option value="1">1</option>

<option value="2">2</option>
<option value="3">3</option>
<option value="4">4</option>
<option value="5" selected>5</option>
<option value="6">6</option>
<option value="7">7</option>
<option value="8">8</option>
<option value="9">9</option>
<option value="10">10</option>
<option value="11">11</option>
<option value="12">12</option>
<option value="13">13</option>
<option value="14">14</option>
<option value="15">15</option>
<option value="16">16</option>
<option value="17">17</option>
<option value="18">18</option>
<option value="19">19</option>
<option value="20">20</option>
<option value="21">21</option>
<option value="22">22</option>
<option value="23">23</option>
<option value="24">24</option>
<option value="25">25</option>

<option value="26">26</option>

<option value="27">27</option>

<option value="28">28</option>

<option value="29">29</option>

<option value="30">30</option>

<option value="31">31</option>

</select>

<label style="padding: 1%"

for=""></label>

<select style="padding: .5%; border-radius: 3px;" name="month" id="month"
name="month">

<option value="1985" selected>1985</option>

<option value="1986">1986</option>

<option value="1987">1987</option>

<option value="1988">1988</option>

<option value="1989">1989</option>

<option value="1990">1990</option>

<option value="1991">1991</option>

<option value="1992">1992</option>

<option value="1993">1993</option>

<option value="1994">1994</option>

<option value="1995">1995</option>

<option value="1996">1996</option>

<option value="1997">1997</option>

<option value="1998">1998</option>

```
<option value="199">1999</option>
<option value="2000">2000</option>
```

```
</select>
```

```
<br><br>
```

```
<label style="padding-right: 12%;" for="gender">Gender</label>
```

```
<label style="padding: 5px" for="male">Male</label>
```

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

```
<label style="padding: 5px" for="female">Female</label>
```

```
<input type="radio" id="female" name="gender" value="female">
```

```
<!-- <label for="female">Other</label>
```

```
<input type="radio" id="other" name="gender" value="other"> -->
```

```
<br><br>
```

```
<label style="padding-right: 12%;" for="email">E-mail</label>
```

```
<input class="input" type="email" placeholder="Enter E-mail....." size="30">
```

```
<br><br>
```

```
<label style="padding-left: 7.5%;padding-right: 10.5%;" class="input"
for="country">Country</label>
```

```
<select style="padding: .5%; border-radius: 3px ;" name="country"
id="country">
```

```
<option value="india">India</option>
```

```
<option value="russia">Russia</option>
```

```
<option value="ukrain">Ukrain</option>
```

```
<option value="usa" selected>USA</option>
<option value="france">France</option>
<option value="india">New Zealand</option>
</select>
<br><br>
```

```
<label style="padding-right: 12%;" for="tel">Phone</label>
<!-- <input class="input" type="tel" name="tel" placeholder="xxx xxx xxxx"
pattern="[0-9]{3} [0-9]{3} [0-9]{4}"
required="required" maxlength="12"/> -->
<input class="input" type="tel" name="phone" placeholder="Enter Phone....."
maxlength="10">
```

```
<br><br>
```

```
<label style="padding-right: 9%;" for="password">Password</label>
```

```
<input style="padding: 0.5%; border-radius: 3px;" type="password">
```

```
<br><br>
```

```
<label style="padding: 0%; padding-right: 8%" for="password">Confirm
Password</label>
```

```
<input style="padding: 0.5%; border-radius: 3px;" type="password">
```

```
<br><br>
```

```
<label style="padding-left: 19%;" for=""></label>
```

```
<input type="checkbox">
```

```
<label style="padding: 0px;" for="t&c">I agree to the Terms of Use</label>
```

```
<br><br><br><br><br>
```

```
<div style="background-color: orange; padding: 10px; padding-left: 450px;">
  <button style="background-color: lime; color: white;border-radius: 4px ;
border-color: lime; padding:4px">Submit</button>
  <button style="background-color:red; border-radius: 4px; color:
white;padding:4px; border-color: red">cancel</button>
</div>
</form>
</div>
</body>
</html>
```

Output:-

Sign Up

First Name

Enter First Name

Last Name

Enter Last Name

Screen Name

Enter Screen Name

Date of Birth

May

5

1985

Gender

Male

Female

E-mail

Enter E-mail.....

Country

USA

Phone

Enter Phone.....

Password

Confirm Password

☐ I agree to the Terms of Use

Submit

cancel
