IP 2 CODE

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8" />

<meta name="viewport" content="width=device-width, initial-scale=1.0" />

<title>DURVA KADAM</title>

<link rel="stylesheet" href="style.css" />

</head>

<body>

<header class="header">

<img src="sfit.png" class="logo">

<div>

<h1>St. Francis Institute of Technology</h1>

<h3>Mount Poinsur Borivali(W), Mumbai - 400 101</h3>

<div class="headercontact">

<strong>Phone no.</strong>

<p>022-14635461578</p>

<p>Email:</p>

<strong><a href="mailto:sfedu@sfit.ac.in">sfedu@sfit.ac.in</a></strong>

<p>Website:</p>

<strong><a href="http://www.sfit.ac.in" target="\_blank">www.sfit.ac.in</a></strong>

</div>

</div>

</header>

<div class="title">

<h1>Admission Enquiry Registration</h1>

<div class="instructions">

<p><b>General Instructions:</b></p>

<p> 1. Fill the form in Block Letters.</p><p>2. Use valid details only.</p>

</div><br><br>

<div class="form-info">

<div class="container">

<form action="/">

<div class="name">

<label for="fname"><strong>Name: </strong></label>

<input type="text" placeholder="First name" />

<input type="text" placeholder="Middle name" />

<input type="text" placeholder="Last name" />

</div><br>

<div class="address">

<label for="address"><strong>Address:</strong></label>

<input type="text" placeholder="Enter address" />

</div><br>

<div class="city">

<label for="city"><strong>City</strong></label>

<select class="form-select" aria-label="Default select example">

<option selected>Select City</option>

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

<option value="2">Mumbai</option>

<option value="3">Pune</option>

</select>

<label for="city"><strong> State:</strong></label>

<select class="form-select" aria-label="Default select example">

<option selected>Select State</option>

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

<option value="2">Rajasthan</option>

<option value="3">Gujarat</option>

</select>

<label for="code"><strong>Pincode:</strong></label>

<input type="number"/>

</div>

<div class="contact">

<p>

<label for="mail"><strong>Email:</strong> </label>

<input type="email" />

<label for="contact"><strong>Phone no. :</strong></label>

<input type="number" />

</p>

</div>

<div class="gender">

<p>

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

<input

class="form-check-input"

type="radio"

name="flexRadioDefault"

id="flexRadioDefault1"

/>

<label class="form-check-label" for="flexRadioDefault1">

Male

</label>

<input

class="form-check-input"

type="radio"

name="flexRadioDefault"

id="flexRadioDefault2"

/>

<label class="form-check-label" for="flexRadioDefault2">

Female

</label>

<input

class="form-check-input"

type="radio"

name="flexRadioDefault"

id="flexRadioDefault3"

/>

<label class="form-check-label" for="flexRadioDefault3">

Others

</label>

</p>

</div>

<div class="dob">

<p>

<label for="DOB"><strong>Date of Birth: </strong></label>

<input type="date" />

</p>

</div>

<div class="branch">

<p>

<label for="branch"><strong>Choose Branch: </strong></label>

<input

class="form-check-input"

type="checkbox"

value=""

id="flexCheckDefault"

/>

<label class="form-check-label" for="flexCheckDefault">

Computer Science

</label>

<input

class="form-check-input"

type="checkbox"

value=""

id="flexCheckChecked1"

/>

<label class="form-check-label" for="flexCheckChecked1">

Information Technology

</label>

<input

class="form-check-input"

type="checkbox"

value=""

id="flexCheckChecked2"

/>

<label class="form-check-label" for="flexCheckChecked2">

EXTC

</label>

<input

class="form-check-input"

type="checkbox"

value=""

id="flexCheckChecked3"

/>

<label class="form-check-label" for="flexCheckChecked3">

Mechanical

</label>

<input

class="form-check-input"

type="checkbox"

value=""

id="flexCheckChecked4"

/>

<label class="form-check-label" for="flexCheckChecked4">

Electrical

</label>

</p>

</div>

<div class="cet">

<p>

<label for="score"><strong>Upload CET Score Card: </strong></label>

<input

type="file"

class="form-control"

id="inputGroupFile04"

aria-describedby="inputGroupFileAddon04"

aria-label="Upload"

/>

</p>

</div>

<div class="details">

<p>

<label for="username"><strong>Choose Username:</strong></label>

<input type="text" />

</p>

<label for="password"><strong>Choose password:</strong></label>

<input type="password" />

<label for="confirm\_password"><strong>Re-enter password:</strong></label>

<input type="password" />

<br><br><br>

<div class="submit-btn">

<button type="submit">Submit</button>

</div>

</div>

</form>

</div>

</div>

<footer class="footer">

<iframe

src="image.png"

height="600"

width="100%"

title="Iframe Example"

></iframe>

<iframe

src="https://images.collegedunia.com/public/college\_data/images/campusimage/1630755306SFIT\_Colege\_Building\_2.jpg?mode=stretch"

height="400"

width="700"

title="Iframe Example"></iframe>

</footer>

</body>

</html>

**CSS:**

.body{

background-color: rgb(219, 156, 197);

padding: 0;

margin: 0;

}

.header{

background-color: rgb(227, 182, 207);

display: grid;

justify-content: space-around;

align-items: center;

padding-top: 1px;

font-size: x-large;

margin: auto;

border-radius: 60px;;

}

.header h1{

display: flex;

justify-content: center;

align-items: center;

color: red;

}

.header h3{

display: flex;

justify-content: center;

align-items: center;

margin-top: 0px;

margin-bottom: 0px;

}

.instructions p {

font-size: 24px;

display: inline;

margin-right: 10px; /\* Adjust spacing as needed \*/

}

.logo {

height: 180px; /\* adjust height as necessary \*/

margin-right: 20px; /\* space from the next element \*/

margin-left: 270px;

margin-top: 50px; /\* space from the left margin \*/

}

.headercontact{

display: flex;

justify-content: center;

align-items: center;

gap: 13px;

padding: 0px;

}

.container {

padding: 22px;

background: rgba(255, 255, 255, 0.2);

backdrop-filter: blur(6px);

-webkit-backdrop-filter: blur(6px);

border-radius: 18px;

border: 3px solid black;

font-size: 20px;

}

.form-info{

display: flex;

justify-content: center;

}

input[type=text] {

width: 200;

padding: 10px 45px;

margin: 2px 5px;

box-sizing: border-box;

}

input[type=text] {

border: 1px solid rgb(0, 0, 0);

border-radius: 4px;

}

.city{

padding-top: 5px;

}

.contact{

padding-top: 5px;

}

.submit-btn button{

display: inline-block;

padding: 15px 28px;

border: 0;

text-decoration: none;

border-radius: 15px;

background-color: rgba(89, 86, 86, 0.1);

border: 1px solid rgba(89, 86, 86, 0.1);

backdrop-filter: blur(30px);

color: rgba(0, 0, 0, 0.8);

font-size: 17px;

letter-spacing: 2px;

cursor: pointer;

text-transform: uppercase;

}

.submit-btn button:hover{

background-color: rgba(23, 23, 23, 0.341);

transition: all 0.5s ease-out;

}

.footer{

padding-top: 40px;

}

.details{

gap: 5px;

}