

CSE3001 - INTERNET AND WEB PROGRAMMING

Lab Assignment - 3 : HTML Forms

Eesha Shetty

18BCE0857

Slot: L19+20

Code

```
<!DOCTYPE html>
<html>
  <head>
    <title>Forms</title>
  </head>
  <body>
    <style>
      form {
        background-color: lightblue;
        padding: 40px;
        margin: 20px 150px 150px 150px;
        max-width: 500px;
        padding-left: 150px;
        padding-right: 150px;
        font-family: monospace;
        border-radius: 20px;
      }
      input{
        margin: 8px;
        border: none;
        padding: 10px;
        border-radius: 10px;
      }
      textarea {
        margin: 8px;
        border: none;
        padding: 10px;
        border-radius: 10px;
        width: 400px;
        height: 100px;
```

```

}
label{
    margin: 10px;
    font-size: 15px;

}
select{
    margin: 8px;
    padding: 10px;
}
h3 {
    background-color: white;
    padding: 20px;
    text-align: center;
}
.inptext{
    width: 400px;
}

.submit{
    padding: 20px;
    width: 200px;
    margin-left: 100px;
    border: none;
    border-radius: 10px;
}
.submit:hover{
    border: 1px solid gray;
}
</style>

```

```

<form>
    <h3>Personal Information</h3>
    <input class = "inptext" type = "text" name = "email" placeholder = "Email"
required/><br/><br/>
    <input class = "inptext" type = "password" name = "password" placeholder = "Password"
pattern=".{8,}" title="Eight or more characters" required/><br/><br/>
    <label>Gender</label><br/>

```

```
<input type = "radio" name = "gender" value = "male"/> Male<br/>
<input type = "radio" name = "gender" value = "female"/> Female<br/>
<input type = "radio" name = "gender" value = "nonb"/> Non-Binary<br/><br/>
<label>DOB</label><br/>
<input type = "date" name = "dob" /> <br/><br/>
<h3>Preferences</h3>
<label>Fav Color</label><br/>
<input type = "color" name = "color" /><br/><br/>
<label>Interests</label><br/>
<input type = "checkbox" name = "interests" value = "Sports"/> Sports <br/>
<input type = "checkbox" name = "interests" value = "Music" checked/> Music <br/>
<input type = "checkbox" name = "interests" value = "Technology"/> Technology <br/>
<input type = "checkbox" name = "interests" value = "Arts"/> Arts <br/><br/>
<label>Languages</label> <br/><br/>
<select name="lang" multiple>
  <option value="Hindi" selected>Hindi</option>
  <option value="English" selected>English</option>
  <option value="Tamil">Tamil</option>
  <option value="French">French</option>
</select><br/>
<h3>Comments</h3>
<textarea name = "comments" placeholder = "Comments"></textarea>
</textarea><br/><br/>
<label>File Upload</label><br/>
<input type = "file" name = "file upload" /><br/><br/>
<button class = "submit" type = "submit">Submit </button>
</form>
</body>
</html>
```

Personal Information

Email

Password

Gender

- ☐ Male
☐ Female
☐ Non-Binary

DOB

dd/mm/yyyy



Preferences

Fav Color



Interests

- ☐ Sports
☒ Music
☐ Technology
☐ Arts

Languages



Comments

Comments

File Upload

Choose file No file chosen

Submit