

CSE3001 - INTERNET AND WEB PROGRAMMING

Lab Assignment - 4 : HTML & CSS

Eesha Shetty

18BCE0857

Slot: L19+20

Code:

```
<!DOCTYPE html>
<html>
    <head>
        <title>Forms</title>
    </head>
    <style>
form { border-radius: 20px;
        background-color: lightblue;
        padding: 30px;
        float: left;
    }

.label {
        text-align:right;
        display: inline-block;
        width: 180px;
        padding: 10px;
        font-size: 18px;
        font-weight: bold;
    }

input {
        margin-bottom: 20px;
        padding: 10px;
        font-size: 17px;
    }

.inparea {
        width: 417px;
        font-size: 17px;
```

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        padding: 10px;
        margin-left: 10px;
    }
    .inptxt {
        width: 400px;
    }

    .inpradio {
        margin-right: 15px;
    }

    .submit {
        width: 100px;
        margin-top: 20px;
    }
    div {
        display: flex;
        justify-content: center;
        font-size: 20px;
        font-family: 'Monospace';
    }

</style>
<body>
    <div>
        <form>
            <center><h3> Course Page </h3> </center>
            <div class = "label">Name</div>
            <input class = "inptxt" type = "text"/><br/>
            <div class = "label">Email</div>
            <input class = "inptxt" type = "text"/><br/>
            <div class = "label">Gender</div>
            <input class = "inpradio" type = "radio"/>Male
            <input class = "inpradio" type = "radio"/>Female
            <input class = "inpradio" type = "radio"/>Non Binary<br/>
            <div class = "label">Email</div>
            <input class = "inptxt" type = "text"/><br/>
            <div class = "label">Date of Birth</div>
            <input type = "date"/><br/>

```

```
        <div class = "label">Course Name</div>
    <input class = "inptxt" type = "text"/><br/>
        <div class = "label">Course Code</div>
    <input class = "inptxt" type = "text"/><br/>
        <div class = "label">Slot</div>
    <select style = "padding:10px; margin-bottom: 30px;" id = "slot">
        <option>A1</option>
        <option>B1</option>
        <option>C1</option>
        <option>D1</option>
        <option>E1</option>
        <option>F1</option>
        <option>G1</option>
        <option>A2</option>
        <option>B2</option>
        <option>C2</option>
        <option>D2</option>
        <option>E2</option>
        <option>F2</option>
        <option>G2</option>
    </select><br/>
        <div class = "label">Mobile Number</div>
    <input class = "inptxt" type = "tel"/><br/>
        <div style = "float:left;" class = "label">Remarks</div>
        <textarea class = "inparea" rows = 10></textarea><br/>
        <br><center><input class = "submit" type = "submit" /></center>
    </form>
</div>
</body>
</html>
```

Forms × iwp lab4 - Google Docs × +

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Course Page

Name

Email

Gender

☐ Male ☐ Female ☐ Non Binary

Email

Date of Birth

dd/mm/yyyy 📅

Course Name

Course Code

Slot

A1 ▾

Mobile Number

Remarks

Submit