

# LAB EVALUATION

CA2



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SUBJECT – WEB TECHNOLOGY

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Q. Design a covid registration form by use of HTML and CSS.

**HTML CODE : CA2.html**

```
<!DOCTYPE html>
<html lang="en">

<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-
scale=1.0">
  <title>COVID REGISTRATION FORM</title>
  <link rel="stylesheet" href="style.css">
</head>

<body>
  <h1>COVID REGISTRATION FORM</h1>

  <form>
    <label for="name"><b>Full Name:</b></label>
    <input type="text" id="name" name="name" required
placeholder="Enter Your Name">

    <label for="email"><b>Email:</b></label>
    <input type="email" id="email" name="email" required
placeholder="Enter Your Email">

    <label for="phone"><b>Phone Number:</b></label>
    <input type="tel" id="phone" name="phone" required
placeholder="Enter Your Phone Number">

    <label for="address"><b>Address:</b></label>
    <input type="text" id="address" name="address" required
placeholder="Enter Your Address">

    <label for="age"><b>Age:</b></label>
    <input type="number" id="age" name="age" required
placeholder="Enter Your Age">
```

```
<label for="gender"><b>Gender:</b></label>
  <select id="gender" name="gender" required>
<option value=""><b>Select Gender</b></option>
<option value="male">Male</option>
<option value="female">Female</option>
<option value="other">Other</option>
</select>

  <label for="vaccine-type"><b>Vaccine Type:</b></label>
  <select id="vaccine-type" name="vaccine-type" required>
<option value="">Select Vaccine Type</option>
<option value="pfizer">Pfizer</option>
<option value="moderna">Moderna</option>
<option value="johnson">Johnson & Johnson</option>
</select>

  <label for="vaccine-date"><b>Date of
Vaccination:</b></label>
  <input type="date" id="vaccine-date" name="vaccine-date"
required>

  <label for="vaccination-site"><b>Vaccination
Site:</b></label>
  <input type="text" id="vaccination-site"
name="vaccination-site" required placeholder="Enter Your
Vaccination Site">

  <label for="symptoms"><b>Symptoms:</b></label>
  <textarea id="symptoms" name="symptoms" placeholder="Text
Here....."></textarea>

  <input type="submit" value="Submit">
  <input type="submit" value="Reset">
</form>

</body>

</html>
```

## CSS FILE : style.css

```
body {
  font-family: Arial, sans-serif;
  background-color: pink;
  margin: 0;
  padding: 0;
}

h1 {
  text-align: center;
  margin-top: 50px;
  color: red;
  background-color: Orange;
}

form {
  width: 500px;
  margin: 0 auto;
}

label {
  display: block;
  margin-top: 20px;
}

input,
select,
textarea {
  width: 100%;
  padding: 10px;
  border: 1px solid #ccc;
  border-radius: 4px;
  box-sizing: border-box;
}

input[type="submit"] {
  background-color: #4CAF50;
  color: white;
  border: none;
  border-radius: 4px;
}
```

```

        cursor: pointer;
        margin-top: 20px;
    }

    input[type="submit"]:hover {
        background-color: #3e8e41;
    }

    select {
        width: 100%;
        padding: 10px;
    }

```

## OUTPUT :-

The screenshot shows a web browser window with the title "COVID REGISTRATION FORM". The address bar shows the URL "127.0.0.1:5501/CA2.html". The form itself has a pink background and an orange header with the text "COVID REGISTRATION FORM". The form contains the following fields:

- Full Name:** A text input field with the placeholder "Enter Your Name".
- Email:** A text input field with the placeholder "Enter Your Email".
- Phone Number:** A text input field with the placeholder "Enter Your Phone Number".
- Address:** A text input field with the placeholder "Enter Your Address".
- Age:** A text input field with the placeholder "Enter Your Age".
- Gender:** A dropdown menu with the placeholder "Select Gender".
- Vaccine Type:** A dropdown menu with the placeholder "Select Vaccine Type".
- Date of Vaccination:** A date picker field with the placeholder "dd-mm-yyyy".
- Vaccination Site:** A text input field with the placeholder "Enter Your Vaccination Site".

COVID REGISTRATION FORM

127.0.0.1:5501/CA2.html

Phone Number:

Enter Your Phone Number

Address:

Enter Your Address

Age:

Enter Your Age

Gender:

Select Gender

Vaccine Type:

Select Vaccine Type

Date of Vaccination:

dd - mm - yyyy

Vaccination Site:

Enter Your Vaccination Site

Symptoms:

Text Here.....

Submit

Reset