

CONTINUOUS ASSESSMENTS (C.A)-2

ST_NAME :- EKHLAKH AHMAD
REG NO. :- 12209166
ROLL NO. :- RD2215B50
SECTION :- D2215
GROUP :- 2

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-19</title>
  <link rel="stylesheet" href="style.css">
</head>
<body>
  <form>
    <h1>COVID-19 Registration Form</h1>
    <label for="fname">First Name:</label>
    <input type="text" id="fname" name="name" placeholder="Enter First
Name" required>

    <label for="lname">Last Name:</label>
    <input type="text" id="lname" name="name" placeholder="Enter Last
Name" required>

    <label for="email">E-mail Address:</label>
    <input type="email" id="email" name="email"
placeholder="example@gmail.com" required>

    <label for="phone">Mobile No:</label>
    <input type="tel" id="phone" name="phone" placeholder="+91" required>

    <label for="gender">Gender:</label>
    <input type="radio" id="gender" name="gender">Male
```

```
<input type="radio" id="gender" name="gender">Female
```

```
<label for="date">Date of Birth:</label>
```

```
<input type="date" id="date" name="dob">
```

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

```
<textarea id="address" name="address"></textarea>
```

```
<input type="submit" value="Submit">
```

```
</form>
```

```
</body>
```

```
</html>
```

EXTERNAL-CSS

```
body {  
  font-family: Arial, sans-serif;  
  background-color: black;  
}
```

```
form {  
  background-color: white;  
  max-width: 500px;  
  margin: 0px auto;  
  padding: 20px;  
  border-radius: 10px;  
  box-shadow: 0 0 10px rgba(15, 14, 14, 0.2);  
}
```

```
h1 {  
  text-align: center;  
}
```

```
label{  
  display: block;  
  margin-bottom: 10px;  
  font-weight: bold;  
  font-size: large;  
}
```

```
input[type="text"],
input[type="male"],
input[type="email"],
input[type="tel"] {
    display: block;
    width: 100%;
    padding: 10px;
    margin-bottom: 10px;
    border-radius: 5px;
    font-size: 14px;
    box-sizing: border-box;
}
```

```
input[type="radio"],
input[type="date"] {
    margin-bottom: 10px;
}
```

```
input[type="submit"] {
    background-color: green;
    color: white;
    padding: 10px 20px;
    border: none;
    display: block;
    margin-top: 10px;
    border-radius: 5px;
    font-size: 16px;
    cursor: pointer;
}
```

```
input[type="submit"]:hover {
    background-color: darkgreen;
}
```

OUTPUT

COVID-19 Registration Form

First Name:

Last Name:


E-mail Address:

Mobile No:

Gender:

☐ Male ☐ Female

Date of Birth:

Address: