

1. Form.html

```
<html>
<head>
<title>Student Registration Form</title>
</head>
<body bgcolor="pink">
<form action="submit.html">
<h3>STUDENT REGISTRATION FORM</h3>
<table align="center" cellpadding="10">
<tr>
<td>FIRST NAME</td>
<td><input type="text" name="First_Name" maxlength="30"/>
(max 30 characters a-z and A-Z)
</td>
</tr>
<tr>
<td>LAST NAME</td>
<td><input type="text" name="Last_Name" maxlength="30"/>
(max 30 characters a-z and A-Z)
</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>
<select name="Birthday_day" id="Birthday_Day">
<option value="-1">Day:</option>
<option value="1">1</option>
<option value="2">2</option>
<option value="3">3</option>
<option value="4">4</option>
<option value="5">5</option>
<option value="6">6</option>
<option value="7">7</option>
<option value="8">8</option>
<option value="9">9</option>
<option value="10">10</option>
<option value="11">11</option>
<option value="12">12</option>
<option value="13">13</option>
<option value="14">14</option>
<option value="15">15</option>
<option value="16">16</option>
<option value="17">17</option>
<option value="18">18</option>
<option value="19">19</option>
<option value="20">20</option>
<option value="21">21</option>
<option value="22">22</option>
<option value="23">23</option>
<option value="24">24</option>
<option value="25">25</option>
<option value="26">26</option>
<option value="27">27</option>
<option value="28">28</option>
<option value="29">29</option>
<option value="30">30</option>
<option value="31">31</option>
</select>
<select id="Birthday_Month" name="Birthday_Month">
<option value="-1">Month:</option>
<option value="January">Jan</option>
<option value="February">Feb</option>
<option value="March">Mar</option>
<option value="April">Apr</option>
<option value="May">May</option>
<option value="June">Jun</option>
<option value="July">Jul</option>
<option value="August">Aug</option>
<option value="September">Sep</option>
<option value="October">Oct</option>

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<option value="November">Nov</option>
<option value="December">Dec</option>
</select>
<select name="Birthday_Year" id="Birthday_Year">
<option value="-1">Year:</option>
<option value="2012">2012</option>
<option value="2011">2011</option>
<option value="2010">2010</option>
<option value="2009">2009</option>
<option value="2008">2008</option>
<option value="2007">2007</option>
<option value="2006">2006</option>
<option value="2005">2005</option>
<option value="2004">2004</option>
<option value="2003">2003</option>
<option value="2002">2002</option>
<option value="2001">2001</option>
<option value="2000">2000</option>
<option value="1999">1999</option>
<option value="1998">1998</option>
<option value="1997">1997</option>
<option value="1996">1996</option>
<option value="1995">1995</option>
<option value="1994">1994</option>
<option value="1993">1993</option>
<option value="1992">1992</option>
<option value="1991">1991</option>
<option value="1990">1990</option>
<option value="1989">1989</option>
<option value="1988">1988</option>
<option value="1987">1987</option>
<option value="1986">1986</option>
<option value="1985">1985</option>
<option value="1984">1984</option>
<option value="1983">1983</option>
<option value="1982">1982</option>
<option value="1981">1981</option>
<option value="1980">1980</option>
</select>
</td>
</tr>
<tr>
<td>EMAIL ID</td>
<td><input type="text" name="Email_Id" maxlength="100" /></td>
</tr>
<tr>
<td>MOBILE NUMBER</td>
<td>
<input type="text" name="Mobile_Number" maxlength="10" />
(10 digit number)
</td>
</tr>
<tr>
<td>GENDER</td>
<td>
Male <input type="radio" name="Gender" value="Male" />
Female <input type="radio" name="Gender" value="Female" />
</td>
</tr>
<tr>
<td>ADDRESS <br /><br /></td>
<td><textarea name="Address" rows="4" cols="30"></textarea></td>
</tr>
<tr>
<td>CITY</td>
<td><input type="text" name="City" maxlength="30" />
(max 30 characters a-z and A-Z)
</td>
</tr>
<tr>
<td>PIN CODE</td>

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<td><input type="text" name="Pin_Code" maxlength="6" />
(6 digit number)
</td>
</tr>
<tr>
<td>STATE</td>
<td><input type="text" name="State" maxlength="30" />
(max 30 characters a-z and A-Z)
</td>
</tr>
<tr>
<td>COUNTRY</td>
<td><input type="text" name="Country" value="India" readonly="readonly" /></td>
</tr>
<tr>
<td>QUALIFICATION <br /><br /><br /><br /><br /><br /><br /></td>
<td>
<table>
<tr>
<td align="center"><b>Sl.No.</b></td>
<td align="center"><b>Examination</b></td>
<td align="center"><b>Board</b></td>
<td align="center"><b>Percentage</b></td>
<td align="center"><b>Year of Passing</b></td>
</tr>
<tr>
<td>1</td>
<td>Class X</td>
<td><input type="text" name="ClassX_Board" maxlength="30" /></td>
<td><input type="text" name="ClassX_Percentage" maxlength="30" /></td>
<td><input type="text" name="ClassX_YrOfPassing" maxlength="30" /></td>
</tr>
<tr>
<td>2</td>
<td>Class XII</td>
<td><input type="text" name="ClassXII_Board" maxlength="30" /></td>
<td><input type="text" name="ClassXII_Percentage" maxlength="30" /></td>
<td><input type="text" name="ClassXII_YrOfPassing" maxlength="30" /></td>
</tr>
<tr>
<td>3</td>
<td>Graduation</td>
<td><input type="text" name="Graduation_Board" maxlength="30" /></td>
<td><input type="text" name="Graduation_Percentage" maxlength="30" /></td>
<td><input type="text" name="Graduation_YrOfPassing" maxlength="30" /></td>
</tr>
<tr><tr>
<td></td>
<td></td>
<td align="center">(10 char max)</td>
<td align="center">(upto 2 decimal)</td>
</tr>
</table>
</td>
</tr>

<td>COURSES<br />APPLIED FOR</td>
<td>
MCA
<input type="radio" name="Course_BCA" value="BCA">
M.Com
<input type="radio" name="Course_BCom" value="B.Com">
M.Sc
<input type="radio" name="Course_BSc" value="B.Sc">
M.A
<input type="radio" name="Course_BA" value="B.A">
</td>
</tr>
<tr>
<td colspan="2" align="center">
<input type="submit" value="Submit">

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<input type="reset" value="Reset">
</td>
</tr>
</table>
</form>
</body>
</html>

```

Submit.html

```

<html>
<head>
<title>submit</title>
</head>
<body bgcolor="pink">
<b>Registration successfully</b>
<h1><a href="form.html">Back</a></h1>

</body>
</html>

```

output

Form.html

STUDENT REGISTRATION FORM

FIRST NAME (max 30 characters a-z and A-Z)

LAST NAME (max 30 characters a-z and A-Z)

DATE OF BIRTH Day: | May | Year:

EMAIL ID

MOBILE NUMBER (10 digit number)

GENDER Male ☐ Female ☐

ADDRESS

CITY (max 30 characters a-z and A-Z)

PIN CODE (6 digit number)

STATE (max 30 characters a-z and A-Z)

COUNTRY India

QUALIFICATION

SLNo.	Examination	Board	Percentage	Year of Passing
1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>

(10 char max) (upto 2 decimal)

COURSES APPLIED FOR MCA ☐ M.Com ☐ M.Sc ☐ M.A ☐

Submit.html

Registration successfully

[Back](#)

2.

main.html

```
<html>
<frameset rows="50%,50%" cols="25%,25%">

<frame src=" hyperlink.html"></frame>
<frame src="image.html"></frame>
<frame src="table.html"></frame>
<frame src="emyreg.html"></frame>
</frameset>
</html>
```

hyperlink.html

```
<html>
<head>
</head>
<body bgcolor="red"><center>
<h2><a href="link.html"><font color="white">Click Here</font></a></h2><br>
</center>
</body>
</html>
```

Link.html

```
html>
<head>
</head>
<body bgcolor="red"><center>

</center>
<h1><a href="hyperlink.html"><font color="white">Back</font></a></h1>
</body>
</html>
```

image.html

```
html>
<head>
<body>

</body>
</head>
</html>
```

table.html

```
<td>3</td>
<td>Lucy</td>
<td>sales</td>
<td>12000</td>
</tr>
<tr>
<td>4</td>
<td>Billy Doug</td>
<td>admin</td>
<td>11000</td>
</tr>
<tr>
<td>5</td>
<td>Gery Doug</td>
<td>IT</td>
```

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<td>14000</td>
</tr>
</table>
</body>
</html>

```

Registerhere.html

```

<html>
<head>
</head>
<body bgcolor="red"><center>

<h2><a href="emyreg.html"><font color="white">Register Here</font></a></h2><br>
</center>
</body>
</html>

```

emyreg.html

```

<html>
<head>
<title>Employee Registration Form</title>
</head>
<body>
<form method="" action="">
<table border="1" align="center" width="400" bgcolor="red" >
<caption><h1> Employee Registration Form</h1></caption>
<tr>
<th>Enter your first name</th>
<td><input type="text" maxlength="10"></td>
</tr>
<tr>
<th>Enter your last name</th>
<td><input type="text"/></td>
</tr>
<tr>
<th>Enter your password</th>
<td><input type="password"/></td>
</tr>
<tr>
<th>ReEnter your password</th>
<td><input type="password"/></td>
</tr>
<tr>
<th>Enter your email</th>
<td><input type="email"/></td>
</tr>
<tr>
<th>Enter your mobile</th>
<td><input type=""></td>
</tr>
<tr>
<th>Enter your address</th>
<td><textarea rows="8" cols="20"></textarea></td>
</tr>
<tr>
<th>Select your gender</th>
<td>
male<input type="radio" name="g" value="m"/>
female<input type="radio" name="g" value="f"/>
</td>
</tr>
<tr>
<th>Select your hobbies</th>
<td>
reading<input type="checkbox" name="x" value="h"/>
drawing<input type="checkbox" name="x" value="h2"/>
writting<input type="checkbox" name="x" value="h3"/>
</td>
</tr>

```

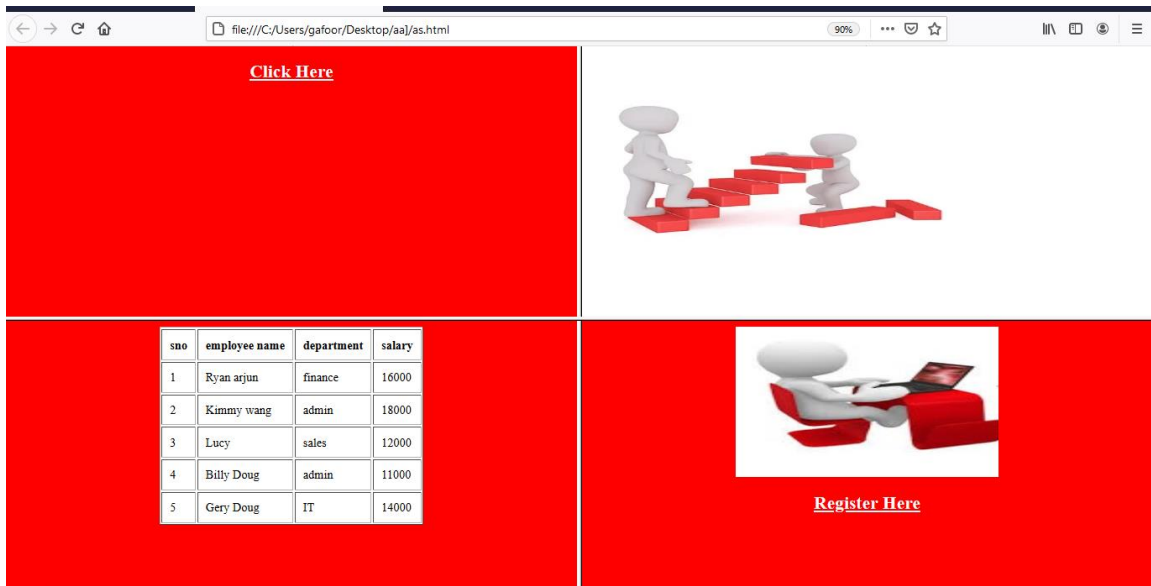
```

<tr>
<th>Select your DOB</th>
<td><input type="date"/></td>
</tr>
<tr>
<th>Select your Country</th>
<td>
<select name="country">
<option value="" selected="selected" disabled="disabled">Select your country</option>
<option value="1">India</option>
<option value="2">Pakistan</option>
</select>
</td>
</tr>
<tr>
<td colspan="2" align="center"><input type="submit" value="Save My Data"/>
<input type="reset" value="Reset Data"/>
</td>
</tr>
</table>
</form>
<h1><a href="registerhere.html">
<font color="red">back</font></a></h1>
</body>
</html>

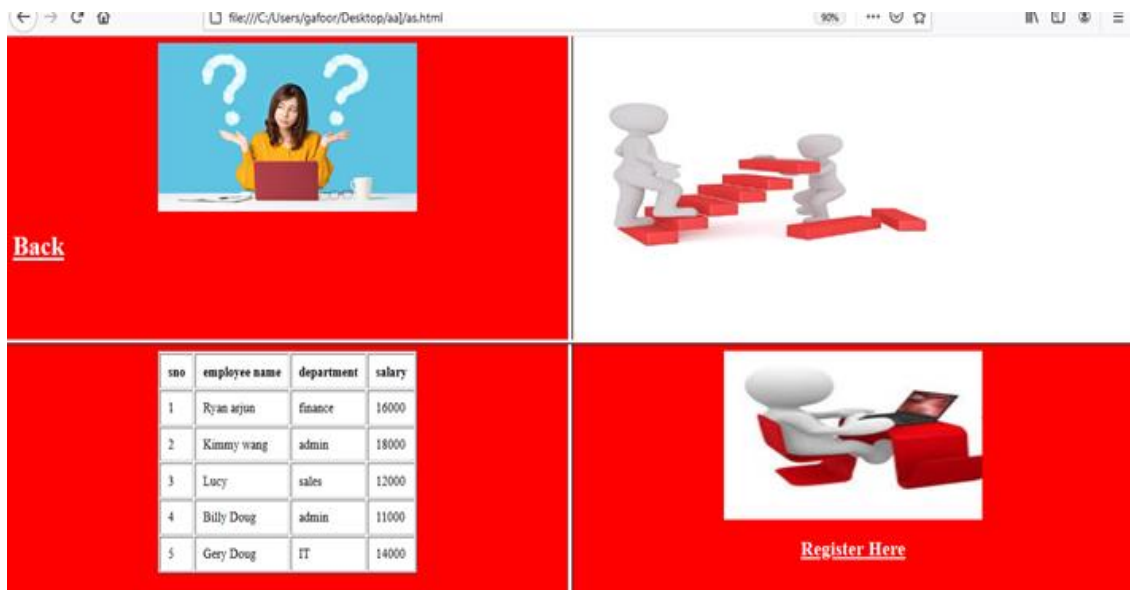
```

Output

mainpage



Hyperlink output



Employee registration

