

## Experiment - 3

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<!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>PR3</title>
    <!-- CSS only -->
    <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.2.2/dist/css/bootstrap.min.css"
rel="stylesheet"
    integrity="sha384-
Zenh87qX5JnK2Jl0vWa8Ck2rdkQ2Bzep5IDxbcnCeuOxjzrPF/et3URy9Bv1WTRi"
crossorigin="anonymous">
    <!-- JavaScript Bundle with Popper -->
    <script
src="https://cdn.jsdelivr.net/npm/bootstrap@5.2.2/dist/js/bootstrap.bundle.min.js"
    integrity="sha384-
OERcA2EqjJCMA+/3y+gxIOqMEjwtxJY7qPCqsdltbNJuaOe923+mo//f6V8Qbsw3"
    crossorigin="anonymous"></script>
    <style>
      .card-registration .select-input.form-control[readonly]:not([disabled]) {
        font-size: 1rem;
        line-height: 2.15;
        padding-left: .75em;
        padding-right: .75em;
      }

      .card-registration .select-arrow {
        top: 13px;
      }
    </style>
  </head>
  <body>
    <section class="vh-100 gradient-custom">
      <div class="container py-5 h-100">
        <div class="row justify-content-center align-items-center h-100">
          <div class="col-12 col-lg-9 col-xl-7">
            <div class="card shadow-2-strong card-registration" style="border-radius:
15px;">
              <div class="card-body p-4 p-md-5">
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<header>
  <h3 class="mb-4 pb-2 pb-md-0 mb-md-5">Registration
Form</h3>
</header>
<form>
  <div class="row">
    <div class="col-md-6 mb-4">
      <div class="form-outline">
        <label class="form-label" for="firstName">First
Name</label>

        <input type="text" id="firstName"
          class="form-control form-control-lg" />

      </div>
    </div>
    <div class="col-md-6 mb-4">
      <div class="form-outline">
        <label class="form-label" for="lastName">Last
Name</label>

        <input type="text" id="lastName" class="form-control
form-control-lg" />

      </div>
    </div>
  </div>
  <div class="row">
    <div class="col-md-6 mb-4 d-flex align-items-center">
      <div class="form-outline datepicker w-100">
        <label for="birthdayDate" class="form-
label">Birthday</label>

        <input type="date" class="form-control form-control-lg"
          id="birthdayDate" />

      </div>
    </div>
    <div class="col-md-6 mb-4">
      <h6 class="mb-2 pb-1">Gender: </h6>

      <div class="form-check form-check-inline">
        <input class="form-check-input" type="radio"
name="inlineRadioOptions"
          id="maleGender" value="option2" />

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        <label class="form-check-label"
for="maleGender">Male</label>
    </div>
    <div class="form-check form-check-inline">
        <input class="form-check-input" type="radio"
name="inlineRadioOptions"
        id="femaleGender" value="option1" />
        <label class="form-check-label"
for="femaleGender">Female</label>
    </div>
    <div class="form-check form-check-inline">
        <input class="form-check-input" type="radio"
name="inlineRadioOptions"
        id="otherGender" value="option3" />
        <label class="form-check-label"
for="otherGender">Other</label>
    </div>
</div>
<div class="row">
    <div class="col-md-6 mb-4 pb-2">
        <div class="form-outline">
            <label class="form-label"
for="emailAddress">Email</label>
            <input type="email" id="emailAddress"
class="form-control form-control-lg" />
        </div>
    </div>
    <div class="col-md-6 mb-4 pb-2">
        <div class="form-outline">
            <label class="form-label" for="phoneNumber">Phone
Number</label>
            <input type="tel" id="phoneNumber"
class="form-control form-control-lg" />
        </div>
    </div>
</div>
<div class="row">
    <div class="col-12">
        <label class="form-label select-label">Address</label>
        <textarea name="" id="" cols="30"

```

[illegible]

127.0.0.1:5500/PR3.html

Registration Form

First Name

Last Name

Birthday

mm/dd/yyyy

Gender:

☐ Male

☐ Female

☐ Other

Email

Phone Number

Address

Submit