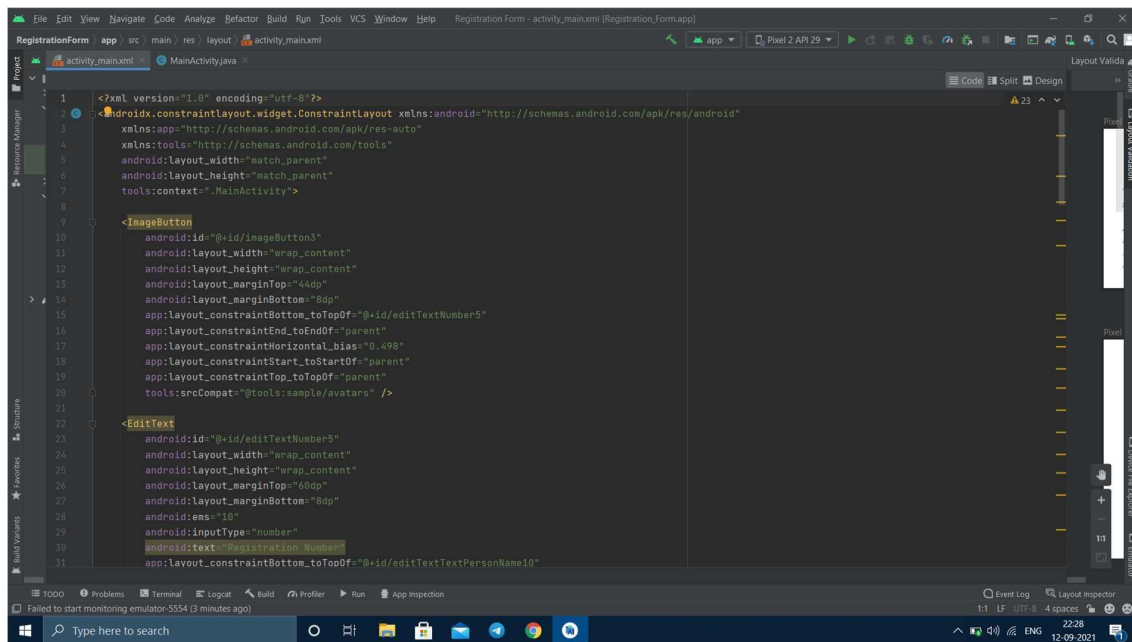


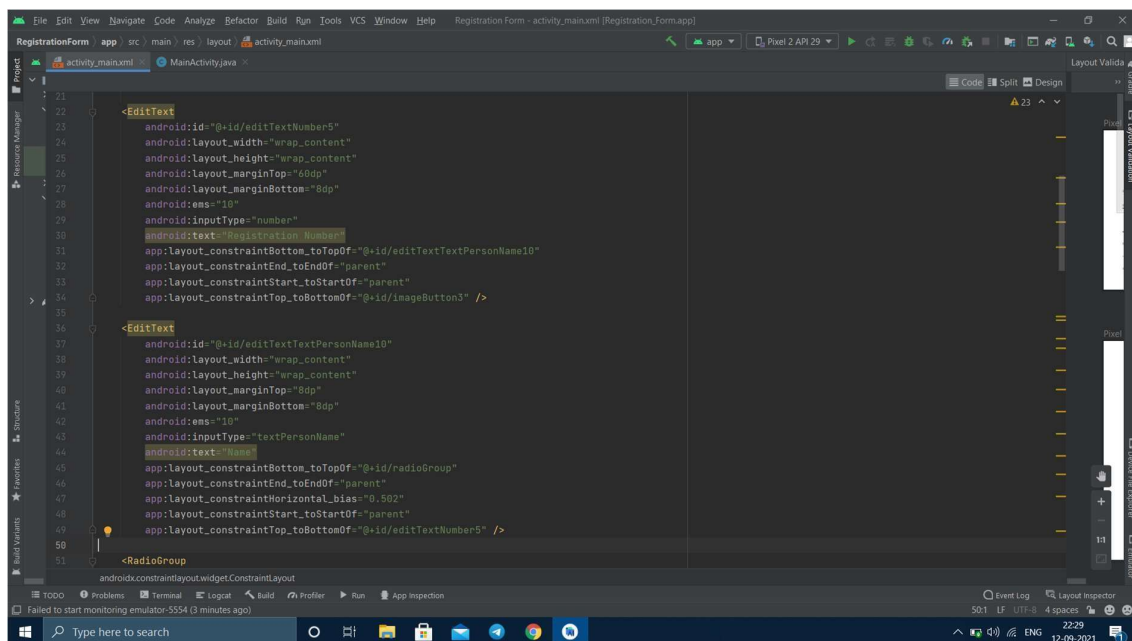
## ASSIGNMENT - 1

**AIM:** Write a simple android program to create a Form for new student enrolled in your institute, which must include some basic information of the student like – Student ID, student name (First name, Last name), F/Name, Sex, Email, D.O.B, Address (P/C).

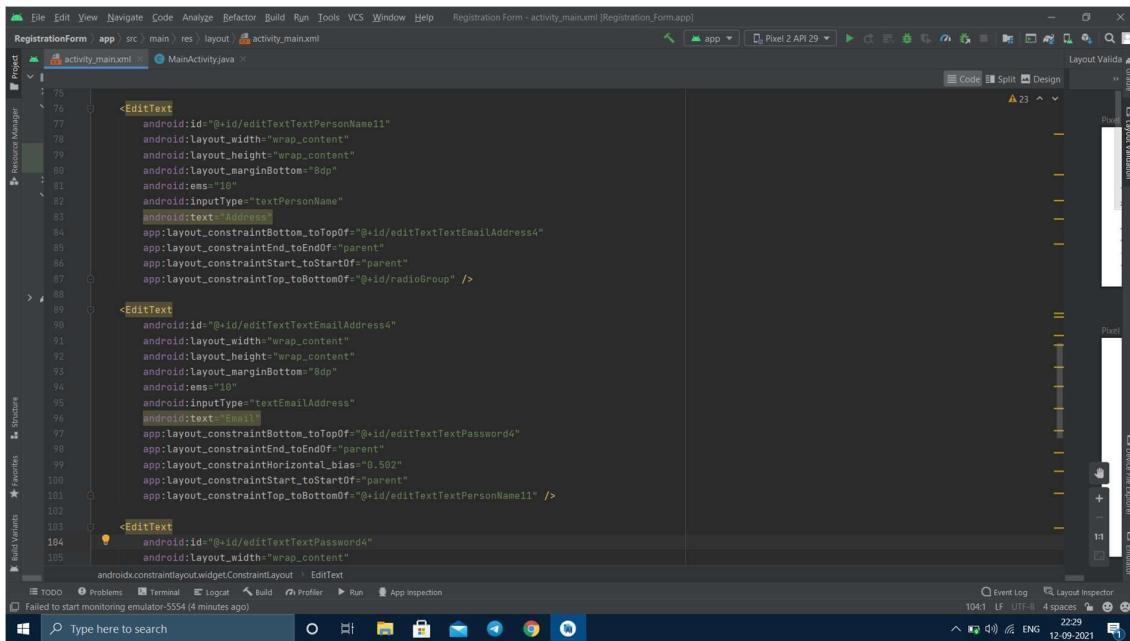
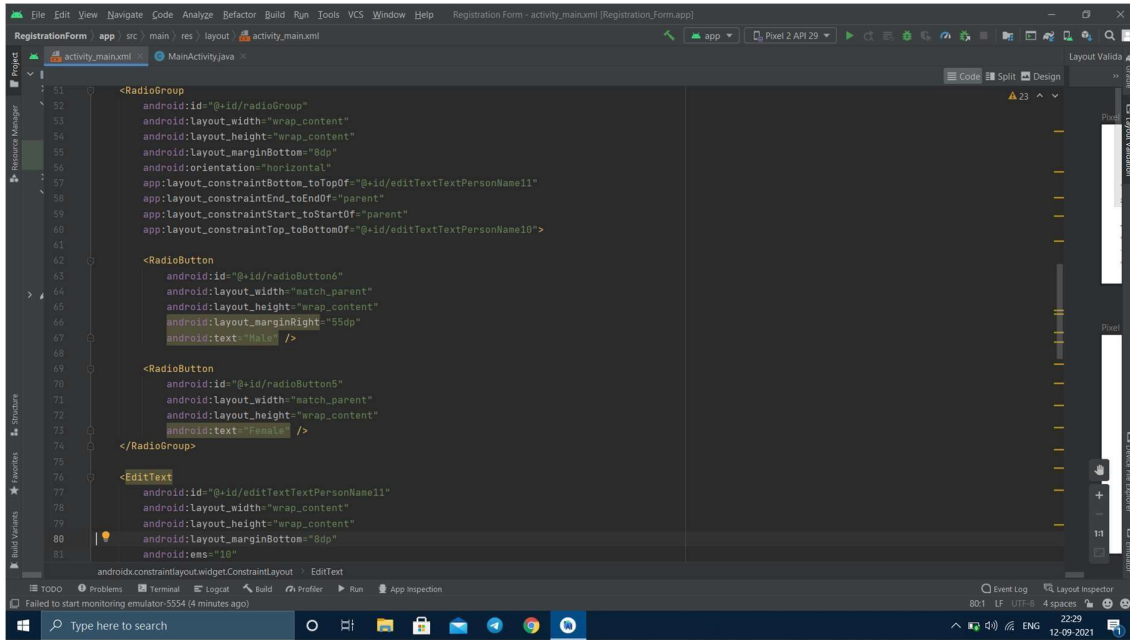
**XML CODE:**



```
<?xml version="1.0" encoding="utf-8"?>
<androidx.constraintlayout.widget.ConstraintLayout xmlns:android="http://schemas.android.com/apk/res/android"
    xmlns:app="http://schemas.android.com/apk/res-auto"
    xmlns:tools="http://schemas.android.com/tools"
    android:layout_width="match_parent"
    android:layout_height="match_parent"
    tools:context=".MainActivity">
    <ImageButton
        android:id="@+id/imageButton3"
        android:layout_width="wrap_content"
        android:layout_height="wrap_content"
        android:layout_marginTop="44dp"
        android:layout_marginBottom="8dp"
        app:layout_constraintBottom_toTopOf="@+id/editTextNumber5"
        app:layout_constraintEnd_toEndOf="parent"
        app:layout_constraintHorizontal_bias="0.498"
        app:layout_constraintStart_toStartOf="parent"
        app:layout_constraintTop_toTopOf="parent"
        tools:srcCompat="@tools:sample/avatars" />
    <EditText
        android:id="@+id/editTextNumber5"
        android:layout_width="wrap_content"
        android:layout_height="wrap_content"
        android:layout_marginTop="69dp"
        android:layout_marginBottom="8dp"
        android:ems="10"
        android:inputType="number"
        android:text="Registration Number"
        app:layout_constraintBottom_toTopOf="@+id/editTextTextPersonName10"
        />
```



```
<EditText
    android:id="@+id/editTextNumber5"
    android:layout_width="wrap_content"
    android:layout_height="wrap_content"
    android:layout_marginTop="69dp"
    android:layout_marginBottom="8dp"
    android:ems="10"
    android:inputType="number"
    android:text="Registration Number"
    app:layout_constraintBottom_toTopOf="@+id/editTextTextPersonName10"
    app:layout_constraintEnd_toEndOf="parent"
    app:layout_constraintStart_toStartOf="parent"
    app:layout_constraintTop_toBottomOf="@+id/imageButton3" />
<EditText
    android:id="@+id/editTextTextPersonName10"
    android:layout_width="wrap_content"
    android:layout_height="wrap_content"
    android:layout_marginTop="8dp"
    android:layout_marginBottom="8dp"
    android:ems="10"
    android:inputType="textPersonName"
    android:text="Name"
    app:layout_constraintBottom_toTopOf="@+id/radioGroup"
    app:layout_constraintEnd_toEndOf="parent"
    app:layout_constraintHorizontal_bias="0.502"
    app:layout_constraintStart_toStartOf="parent"
    app:layout_constraintTop_toBottomOf="@+id/editTextNumber5" />
<RadioGroup
    android:layout_width="wrap_content"
    android:layout_height="wrap_content"
    android:layout_marginTop="8dp"
    android:layout_marginBottom="8dp"
    android:ems="10"
    android:inputType="textPersonName"
    android:text="Sex"
    app:layout_constraintBottom_toTopOf="@+id/radioGroup"
    app:layout_constraintEnd_toEndOf="parent"
    app:layout_constraintHorizontal_bias="0.502"
    app:layout_constraintStart_toStartOf="parent"
    app:layout_constraintTop_toBottomOf="@+id/editTextTextPersonName10" />
```





10:25LTE

Registration Form

Registration Number

Name

Male

Female

Address

Email

\*\*\*\*\*

Date of Birth

SUBMIT