

- Title :- HTML, CSS, XML

- Objective :- 1) Understand about basic concepts of HTML.

2) Understand the basic concept of XML.

3) Understand the basic concept of CSS.

- Problem Statement :-

Write a program to design registration form for student by using HTML & CSS.

- Out come :-

Student will be able to:

1) Design static website using HTML.

2) Apply CSS to HTML pages.

- Software & Hardware Requirement :-

Software - Notepad, Browser.

- Theory :-

1) HTML :- HTML is the standard markup language for creating web pages.

- HTML stands for Hyper Text Markup language.

- HTML describes the structure the structure of web page using markup.

- HTML elements are represented by tags.

- HTML elements are the building blocks of HTML pages.

2) CSS :- CSS stands for Cascading Style sheet. It is naming but design language intended to simplify the process of making web pages presentable. CSS handles the feel & look part of a web pages. CSS is easy to learn easy to understand it provides powerful control on presentation of an HTML document.

* Advantage of CSS :-

- It saves the time, pages load faster, Easy maintenance, Superior styles to HTML.
- Multiple Device Compatibility
Global web standard.

* CSS Modules :-

- Box model
- Selectors
- Background
- Border
- Image values & Replaced content
- Text effects
- Animations
- 2D/3D Transformation
- Multiple column layout

- User Interface .

- Conclusion:-

Hence we have designed static web pages using HTML & CSS .

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Assignment No : 2

Write a program to design a registration form for students by using html and css.

```
<!..... FILE ! (.html).....>
<html>
<head>
<title>Student Registration Form Using Table in HTML</title>
<link rel="stylesheet" href="C:/Users/sandi/Desktop/wt1.css">
</head>
<body>
<h2>Student Registration Form Using HTML and CSS</h3>
<table align="center" cellpadding = "10">
<!..... First Name.....>
<tr>
<td>First Name</td>
<td><input type="text" name="FirstName" maxlength="50" />
</td>
</tr>
<!..... Last Name.....>
<tr>
<td>Last Name</td>
<td><input type="text" name="LastName" maxlength="50" />
</td>
</tr>
<!..... Email ID.....>
<tr>
<td>Email ID</td>
<td><input type="email" name="EmailID" maxlength="100" /></td>
</tr>
```

```

<!.....Mobile Number.....>

<tr>

<td>Mobile Number</td>

<td>

<input type="text" name="MobileNumber" maxlength="10" placeholder="!0 digit number"/>

</td>

</tr>

<!.....Gender.....->

<tr>

<td>Gender</td>

<td>

<input type="radio" name="Gender" value="Male" />

Male

<input type="radio" name="Gender" value="Female" />

Female

</td>

</tr>

<!.....Date Of Birth.....>

<tr>

<td>Date of Birth(DOB)</td>

<td>

<select name="BirthDay" 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 name="BirthdayMonth" id="Birthday_Month">
<option value="-1">Month:</option>
<option value="January">Jan(1)</option>
<option value="February">Feb(2)</option>
<option value="March">Mar(3)</option>
<option value="April">Apr(4)</option>
<option value="May">May(5)</option>
```

```
<option value="June">Jun(6)</option>
<option value="July">Jul(7)</option>
<option value="August">Aug(8)</option>
<option value="September">Sep(9)</option>
<option value="October">Oct(10)</option>
<option value="November">Nov(11)</option>
<option value="December">Dec(12)</option>
</select>

<select name="BirthdayYear" id="Birthday_Year">
<option value="-1">Year:</option>
<option value="2019">2019</option>
<option value="2018">2018</option>
<option value="2017">2017</option>
<option value="2016">2016</option>
<option value="2015">2015</option>
<option value="2014">2014</option>
<option value="2013">2013</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>
<!.....Address.....->
<tr>
<td>Address<br /><br /><br /></td>
<td><textarea name="Address" rows="10" cols="50"></textarea></td>
</tr>
<!.....City.....>
<tr>
<td>City</td>
<td><input type="text" name="City" maxlength="50" placeholder="Your City Name"/>

```



```

</td>
</tr>
<!--State-->
<tr>
<td>State</td>
<td><input type="text" name="State" maxlength="50" placeholder="Maharashtra"/>
</td>
</tr>
<!--Hobbies-->
<tr>
<td>Hobbies <br /><br /><br /></td>
<td>
<input type="checkbox" name="HobbyDrawing" value="Drawing" />
Drawing
<input type="checkbox" name="HobbySinging" value="Singing" />
Singing
<input type="checkbox" name="HobbyDancing" value="Dancing" />
Dancing
<input type="checkbox" name="HobbyCooking" value="Cooking" />
Sketching
<br />
<input type="checkbox" name="HobbyOther" value="Other">
Others
<input type="text" name="Other_Hobby" maxlength="50" placeholder="Ex- Teaching" />
</td>
</tr>

<!--Submit and Reset-->
<tr>
<td colspan="2" align="center">

```



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

```
<!.....FILE 2 (.css).....>
```

```
h2{
font-family: Sans-serif;
font-size: 24px;
font-weight: bold;
color: tomato;
text-align: center;
text-decoration: underline
}
table{
font-family: verdana;
color:white;
font-size: 16px;
font-style: normal;
font-weight: bold;
background: linear-gradient(to bottom, #33ccff 0%, #ff99cc 100%);
border-collapse: collapse;
border: 4px solid #000000;
border-style: dashed;
```



```
}  
  
table.inner{  
  border: 10px  
}  
  
input[type=text], input[type=email], input[type=number]{  
  width: 50%;  
  padding: 6px 12px;  
  margin: 5px 0;  
  box-sizing: border-box;  
}  
  
input[type=submit], input[type=reset]{  
  width: 15%;  
  padding: 8px 12px;  
  margin: 5px 0;  
  box-sizing: border-box;  
}
```


<!.....OUTPUT.....>

Student Registration Form Using HTML and CSS

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email ID	<input type="text"/>
Mobile Number	<input type="text" value="10 digit number"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth(DOB)	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
Address	<input type="text"/>
City	<input type="text" value="Your City Name"/>
State	<input type="text" value="Maharashtra"/>
Hobbies	<input type="checkbox"/> Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="text" value="Ex- Teaching"/>
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	