

Lab#1

AIM :: Introduction to HTML

Final Outcome:

REGISTRATION FORM

Personal Detail

First name:
Firstname

Middle name:
Middlename

Last name:
Lastname

Username/E-mail:
Username

Password:
Password

Confirm Password:
Confirm Password

Mobile Number:
Mobile Number

Alternate Number:
Alternate Number

Birthday:
dd-mm-yyyy

Address for Communication:

Gender:
Male ☐ Female ☐

Hobbies:
☐ Sports ☐ Music ☐ Reading

state:
--Select--

Education Detail

Education:
--Select--

Institution:
institution

percentage:
percentage

Institution Address:

state:
--Select--

Upload Files

Your Resume:
Choose File No file chosen

Your Recent Photo:
Choose File No file chosen

submit reset

Activate Windows
Go to Settings to activate Windows.

Code Snippet:

HTML file:

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=, initial-scale=1.0">
  <title>Document</title>
  <link rel = "stylesheet" href = "form_css.css">
</head>
<body>
  <h1 align="center">REGISTRATION FORM</h1>
  <form>
    <fieldset>
      <legend>Personal Detail</legend>
      <table>
        <tr>
          <td style="padding-right: 280px; padding-bottom: 30px;">
            <label for="fname">First name:</label><br>
            <input type="text" id="fname" name="fname" placeholder="firstname">
          </td>

          <td style="padding-right: 280px; padding-bottom: 30px;">
            <label for="mname">Middle name:</label><br>
            <input type="text" id="Mname" name="Mname" placeholder="Middlename">
          </td>

          <td style="padding-right: 280px; padding-bottom: 30px;">
            <label for="lname">Last name:</label><br>
            <input type="text" id="Lname" name="Lname" placeholder="Lastname">
          </td>
        </tr>
        <tr>
          <td style="padding-right: 280px; padding-bottom: 30px;">
            <label for="uname">Username(E-mail):</label><br>
            <input type="text" id="Uname" name="Uname" placeholder="Username">
          </td>
          <td style="padding-right: 280px; padding-bottom: 30px;">
            <label for="pass">Password:</label><br>
            <input type="password" id="pass" name="pass" placeholder="Password">
          </td>
          <td style="padding-right: 280px; padding-bottom: 30px;">
```

```

        <label for="cpass">Confirm Password:</label><br>
        <input type="password" id="cpass" name="cpass" placeholder="Confirm
Password">
    </td>
</tr>
<tr>
    <td style="padding-right: 280px; padding-bottom: 30px;">
        <label for="Mnumber">Mobile Number:</label><br>
        <input type="number" id="Mnumber" name="Mnumber" placeholder="Mobile
Number">
    </td>
    <td style="padding-right: 280px; padding-bottom: 30px;">
        <label for="Anumber">Alternate Number:</label><br>
        <input type="text" id="Anumber" name="Anumber" placeholder="Alternate
Number">
    </td>
    <td style="padding-right: 280px; padding-bottom: 30px;">
        <label for="birthday">Birthday:</label><br>
        <input type="date" id="birthday" name="birthday" placeholder="Date of Birth">
    </td>
</tr>
<tr>
    <td style="padding-bottom: 30px;">
        <label for="Address">Address for Communnication:</label><br>
        <textarea name="Address" id="Address" cols="20" rows="10"></textarea>
    </td>
</tr>
<tr>
    <td>
        Gender:
    </td>
</tr>
<tr>
    <td style="padding-bottom: 30px;">
        <label for="male">Male</label>
        <input type="radio" id="male" name="male" value="Male">
        <label for="female">Female</label>
        <input type="radio" id="female" name="female" value="Female">
    </td>
</tr>
<tr>
    <td>
        Hobbies:

```

```

        </td>
    </tr>
    <tr>
        <td>
            <input type="checkbox" id="h1" name="h1" value="Sport">
            <label for="h1"> Sports</label>
            <input type="checkbox" id="h2" name="h2" value="Music">
            <label for="h2"> Music</label>
            <input type="checkbox" id="h3" name="h3" value="Reading">
            <label for="h3"> Reading</label><br><br>
        </td>
    </tr>
    <tr>
        <td>
            state:
        </td>
    </tr>
    <tr>
        <td>
            <select name="state" id="state" >
                <option value="">--Select--</option>
                <option value="Gujarat">Gujarat</option>
                <option value="Punjab">Punjab</option>
                <option value="Delhi">Delhi</option>
                <option value="Madhya Pradesh"> Madhya Pradesh </option>
                <option value="">Mumbai</option>
            </select>
        </td>
    </tr>
</table>
</fieldset>

<fieldset>
    <legend>Education Detail</legend>
    <table>
        <tr>
            <td style="padding-bottom: 20px;">
                Education: <br>
                <select name="ed" id="ed">
                    <option value="">--Select--</option>
                </select>
            </td>
        </tr>
    </table>

```

```

<tr>
  <td style="padding-bottom: 20px;">
    <label for="institution">Institution:</label><br>
    <input type="text" id="institution" name="institution" placeholder="institution">
  </td>
</tr>
<tr>
  <td style="padding-bottom: 20px;" >
    <label for="percentage">percentage:</label><br>
    <input type="number" id="percentage" name="percentage"
placeholder="percentage">
  </td>
</tr>
<tr>
  <td style="padding-bottom: 20px;">
    <label for="IAddress">Institution Address:</label><br>
    <textarea name="IAddress" id="IAddress" cols="20" rows="10"></textarea>
  </td>
</tr>
<td>
  state: <br>
  <select name="state" id="state">
    <option value="">--Select--</option>
    <option value="Gujarat">Gujarat</option>
    <option value="Punjab">Punjab</option>
    <option value="Delhi">Delhi</option>
    <option value="Madhya Pradesh"> Madhya Pradesh </option>
  </select>
</td>
</table>
</fieldset>
<fieldset>
  <legend>Upload Files</legend>
  <table>
    <tr>
      <td style="padding-bottom: 20px;">
        <label for="ur" >Your Resume:</label><br>
        <input type="file" name="upload resume" id="ur">
      </td>
    </tr>
    <tr>
      <td>
        <label for="urp" >Your Recent Photo:</label><br>

```

```
        <input type="file" name="upload recent photo" id="urp">
      </td>
    </tr>
  </table>
</fieldset> <br>
<input type="Submit" value="submit">
<input type="Reset" value="reset">
</form>
</body>
</html>
```

External css file:

```
body{
  background-color: rgb(222, 239, 241);
}
td{
  padding: 10px 60px 10px 60px;
}
.text,select{
  border: none;
  border-bottom: 2px solid black;
  width: 200px;
  height: 30px;
}
textarea{
  resize:none;
}
.menu{
  width: auto;
  height: auto;
}
```