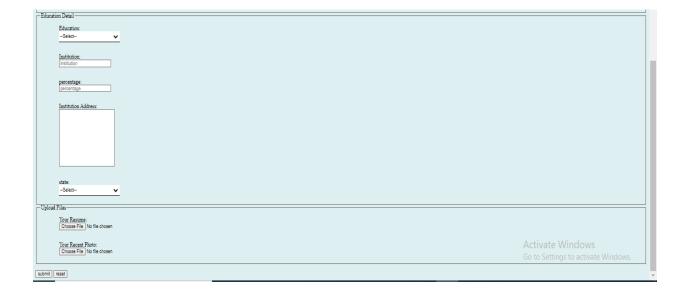
## Lab#1 AIM :: Introduction to HTML

## **Final Outcome:**

REGISTRATION FORM		
Personal Detail-		
First name: firstname	Middle name: Middlename	Last name: Lastname
Usemame(E-mail):   Usemame	Password: Password	Confirm Password  Confirm Password
Mobile Number:   Mobile Number	Alternate Number:  Alternate Number	Birthday:
Address for Communication:		
Gender:		
Male O Female O		
Hobbies:		
□ Sports □ Music □ Reading		
state:		
-Select ▼		



## **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>
    <label for="fname">First name:</label><br>
        <input type="text" id="fname" name="fname" placeholder="firstname">
       <label for="mname">Middle name:</label><br>
        <input type="text" id="Mname" name="Mname" placeholder="Middlename">
       <label for="lname">Last name:</label><br>
        <input type="text" id="Lname" name="Lname" placeholder="Lastname">
       <label for="uname">Username(E-mail):</label><br>
        <input type="text" id="Uname" name="Uname" placeholder="Username">
       <label for="pass">Password:</label><br>
        <input type="password" id="pass" name="pass" placeholder="Password">
```

```
<label for="cpass">Confirm Password:</label><br>
        <input type="password" id="cpass" name="cpass" placeholder="Confirm
Password">
       <label for="Mnumber">Mobile Number:</label><br>
        <input type="number" id="Mnumber" name="Mnumber" placeholder="Mobile
Number">
       <label for="Anumber">Alternate Number:</label><br>
        <input type="Anumber" id="Anumber" name="Anumber" placeholder="Alternate
Number">
       <label for="birthday">Birthday:</label><br>
        <input type="date" id="birthday" name="birthday" placeholder="Date of Birth">
       <label for="Address">Address for Communication:</label><br>
        <textarea name="Address" id="Address" cols="20" rows="10"></textarea>
       Gender:
       <label for="male">Male</label>
        <input type="radio" id="male" name="male" value="Male">
        <label for="male">Female</label>
        <input type="radio" id="fmale" name="fmale" value="Female">
       Hobbies:
```

```
<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></
     state:
     <select name="state" id="state" >
        <option value="">--Select--</option>
        <option value="Gujarat">Gujarat
        <option value="Punjab">Punjab
        <option value="Delhi">Delhi</option>
        <option value="Madhya Pradesh"> Madhya Pradesh </option>
        <option value="">Mumbai
      </select>
     </fieldset>
<fieldset>
 <legend>Education Detail</legend>
 Education: <br>
      <select name="ed" id="ed">
        <option value="">--Select--</option>
      </select>
```

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

```
<input type="file" name="upload recent photo" id="urp">
          </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{

.menu{

}

}

resize:none;

width: auto; height: auto;