

WP - Assignment 2

Static WebPage

Br Sp II - Web Programming
Division F | Batch F1

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HTML Code -

```
<html>
  <head>
    <title>S/A Opening Form</title>
  </head>

  <body>
    <h1 align = "center">SAVING BANK ACCOUNT OPENING FORM</h1>
    <h2 align = "center">(for BASIC/SMALL SB A/c)</h2>

    <hr>

    <table>
      <tr>

        <td width = "60%">
          <fieldset>
            <form>
              <legend><h3>For Bank Use Only</h3></legend>
              <p>Name & Code of the Branch</p>

              <table>
                <tr>
                  <td><label for = "Cust_Id">Cust ID </label></td>
                  <td><input type = "text" id = "Cust_Id" name =
"Cust_Id"></td>
                </tr>
                <tr>
                  <td><label for = "A/C_No">A/C No. </label></td>
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        <td><input type = "text" id = "A/C_No" name = "A/
C_No">
        </td>
    </tr>
</table>
</form>
</fieldset></td>

<td width = "40%">

<td width = "10%" align = "right">
<form>
<table>

    <tr>
        <td><label for = "date">Date </label></td>
        <td><input type = "Date" id = "date" name =
"date"></td>
    </tr>
    <tr>
        <td><label for = "time">Time </label></td>
        <td><input type = "Time" id = "time" name =
"time">
    </td>
    </tr>
</table>
</form>
</td>
</table>

<fieldset>
<legend><h3>Personal Details </h3></legend>
<form>
<table border = "1px" align = "center" width = "100%">
    <tr align = "left" height = "35px">
        <td align = "center" width = "3%">1</td>
        <td width = "30%"><label for = "name">Name in Full(Mr/
Ms)</td>
        <td width = "50%" colspan = "3"><input type = "text"
id = "name" name = "name"></td>

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        <td width = "12%" rowspan = "4"><img src = "coed.jpg"
alt = "Image"></td>
    </tr>
    <tr align = "left" height = "35px">
        <td align = "center">2</td>
        <td><label for = "father">Father/Husband/Gaurdian Name
</label></td>
        <td colspan = "3"><input type = "text" id = "father"
name = "father"></td>
    </tr>
    <tr align = "left" height = "35px">
        <td align = "center">3</td>
        <td><label for = "gender">Gender </label></td>
        <td><input type = "radio" id = "gender" name =
"male">Male
        <input type = "radio" id = "gender" name =
"male">Female</td>
        <td><label for = "gender">Date of Birth </label></td>
        <td><input type = "Date" id = "date" name = "date"></
td>
    </tr>
    <tr align = "left" height = "35px">
        <td align = "center">4</td>
        <td><label for = "occupation">Occupation </label></td>
        <td><input type = "text" id = "occupation" name =
"occupation"></td>
        <td><label for = "category"> Category </label></td>
        <td><select name="category" id="category">
            <option value="">--Select Category--</
option>
            <option value="gen">General</option>
            <option value="st">ST</option>
            <option value="sc">SC</option>
            <option value="obc">OBC</option>
        </select></td>
    </tr>
    <tr align = "left" height = "35px">
        <td align = "center">5</td>
        <td><label for = "m_status">Marital Status </label></
td>

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        <td colspan = "2"><input type = "radio" id = "married"
name = "m_status">Married
        <input type = "radio" id = "unmarried" name
= "m_status">Unmarried
        <input type = "radio" id = "widowed" name =
"m_status">Widowed</td>
        <td align = "right"><input type = "signature" id =
"sign" name = "sign">Signature</td>
        <td></td>
    </tr>
</table>
</form>
</fieldset>

<fieldset>
    <legend><h3>Contact Details</h3></legend>
    <form>
        <table border = "1px" align = "center" width = "100%">
            <tr align = "left" height = "50px">
                <td><label for = "contact1" width = "10%">Moblile
No. (1)</label></td>
                <td><input type = "text" id = "contact1" name =
"contact1"></td>
                <td><label for = "contact2">Moblile No. (2)</
label></td>
                <td><input type = "text" id = "contact2" name =
"contact2"></td>
                <td><label for = "contact3">Telephone/Landline</
label></td>
                <td><input type = "text" id = "contact3" name =
"contact3"></td>
            </tr>
            <tr align = "left" height = "50px">
                <td><label for = "email1" width = "10%">Personal
Email</label></td>
                <td colspan = "2"><input type = "email" id =
"email1" name = "email1"></td>
                <td><label for = "email2">Professional Email</
label></td>

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        <td colspan = "2"><input type = "email" id =
"email2" name = "email2"></td>
    </tr>
    <tr align = "left" height = "25px">
        <td rowspan = "2" width = "10%"><label for =
"add1">Current Address</label></td>
        <td rowspan = "2"><input type = "textarea" id =
"add1" name = "add1"></td>
        <td><label for = "city">Village/City</label></td>
        <td><input type = "text" id = "city" name =
"city"></td>
        <td><label for = "dist">District</label></td>
        <td><input type = "text" id = "dist" name =
"dist"></td>
    </tr>
    <tr align = "left" height = "25px">
        <td><label for = "state">State</label></td>
        <td><select name="state" id="state">
            <option value="">--Select State--</option>
            <option value="MH">Maharashtra</option>
            <option value="GJ">Gujarat</option>
            <option value="RJ">Rajaan</option>
            <option value="KT">Karnataka</option>
            <option value="WB">West Bengal</option>
        </select></td>
        <td><label for = "pincode">Pincode</label></td>
        <td><input type = "text" id = "pincode" name =
"pincode"></td>
    </tr>
</table>
</form>
</fieldset>

<fieldset>
    <legend><h3>Documents</h3></legend>
    <form>
        <table border = "1px" align = "center" width = "100%">
            <tr align = "left" height = "50px">
                <td><label for = "aadhaar">Aadhaar Card</label></
td>

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<input id="aadhaar" name="aadhaar" type="text"/>	<input id="aadhaar doc" name="aadhaar doc" type="file"/>
<input id="pan" name="pan" type="text"/>	<input id="pan doc" name="pan doc" type="file"/>
<div> <div>PAN Card</div> </div>	
<div> <div>Electricity Bill</div> </div>	
<div> <div>GAS Bill</div> </div>	

 <hr>

<p>
 Please open a Savings Bank account in the name of Mr/Ms.

The Savings Bank rules and regulations including those relating to Small Account have been explained to me and I agree to abide by the same. An additional photograph is attached.

<table width = "100%">
 <tr align = "left">

```
        <th width = "5%"><lable for = "date2">Date</lable></
th>
        <th><input type = "date" id = "date2" name =
"date2"></th>
        <th width = "10%"></th>
        <th width = "5%"><lable for = "place">Place</lable></
th>
        <th><input type = "text" id = "place" name =
"place"></th>
        <th widht = "15%"></th>
        <th>Signature</th>
    </tr>
</table>
</body>
</html>
```