1. Make the table of the following design using HTML.

| FullName | Email | Mobile Number | City |
|---|---|---|---|
| Yash Patel | yash_patel@gmail.com | 8787989811 | Rajkot |
| Keyur Tanna | keyur1441@rediffmail.com | 8874123210 | Ahmedabad |
| Harsh Panchal | harsh_panchal@yahoo.com | 9855621232 | Surat |
| Jigar Makadiya | jmakadiya@gmail.com | 7874636211 | Baroda |

```
<!DOCTYPE html>

<html lang="en">

<head>

  <meta charset="UTF-8">

  <meta name="viewport" content="width=device-width, initial-scale=1.0">

  <title>Sample Table</title>

</head>

<body>

  <table border="1" cellspacing="0" cellpadding="5">


       <tr align="center">
```

```
      <th>FullName</th>

      <th>Email</th>

      <th>Mobile Number</th>

      <th>City</th>

</tr>



<tr align="center">

      <td>Yash Patel</td>

      <td>yash_patel@gmail.com</td>

      <td>8787989811</td>

      <td>Rajkot</td>

</tr>

<tr align="center">

      <td>Keyur Tanna</td>

      <td>keyur1441@rediffmail.com</td>

      <td>8874123210</td>
```

```
    <td>Ahmedabad</td>

  </tr>

  <tr align="center">

    <td>Harsh Panchal</td>

    <td>harsh_panchal@yahoo.com</td>

    <td>9855621232</td>

    <td>Surat</td>

  </tr>

  <tr align="center">

    <td>Jigar Makadiya</td>

    <td>jmakadiya@gmail.com</td>

    <td>7874636211</td>

    <td>Baroda</td>

  </tr>


  </table>

</body>
```

```
</html>
```

2. Make the table of the following design using HTML.

| Department | 1st Year | | 2nd Year | | 3rd Year | | 4th Year | |
|---|---|---|---|---|---|---|---|---|
| | First Sem | Second Sem | Third Sem | Fourth Sem | Fifth Sem | Sixth Sem | Seventh Sem | Eighth Sem |
| Computer Engineering | CPU | WS | COA | OS | DAA | SE | CC | DS |
| | EG | ECE | DLD | DBMS | CN | WAD | CD | PP |
| Information Technology | CS | EME | BIS | OOAD | COSAM | SP | ERP | ACN |
| | Calculus | EEE | BE | SAD | SEMINAR | IS | MC | AI |

```
<!DOCTYPE html>

<html lang="en">

<head>

  <meta charset="UTF-8">

  <meta name="viewport" content="width=device-width, initial-scale=1.0">

  <title>Department Table</title>

  <style>

    table {

      width: 100%;

      border-collapse: collapse;

    }
```

```
    th, td {

        text-align: center;

    }

  </style>

</head>

<body>

  <table border="1" cellspacing="0" cellpadding="5">

    <tr>

      <th rowspan="2">Department</th>

      <th colspan="2">1st Year</th>

      <th colspan="2">2nd Year</th>

      <th colspan="2">3rd Year</th>

      <th colspan="2">4th Year</th>

    </tr>

    <tr>

      <th>First Sem</th>

      <th>Second Sem</th>

      <th>Third Sem</th>

      <th>Fourth Sem</th>

      <th>Fifth Sem</th>
```

```
  <th>Sixth Sem</th>

  <th>Seventh Sem</th>

  <th>Eighth Sem</th>

</tr>

<tr>

  <td rowspan="2">Computer Engineering</td>

  <td>CPU</td>

  <td>WS</td>

  <td>COA</td>

  <td>OS</td>

  <td>DAA</td>

  <td>SE</td>

  <td>CC</td>

  <td>DS</td>

</tr>

<tr>

  <td>EG</td>

  <td>ECE</td>

  <td>DLD</td>

  <td>DBMS</td>
```

```
      <td>CN</td>

      <td>WAD</td>

      <td>CD</td>

      <td>PP</td>

   </tr>

   <tr>

      <td rowspan="2">Information Technology</td>

      <td>CS</td>

      <td>EME</td>

      <td>BIS</td>

      <td>OOAD</td>

      <td>COSAM</td>

      <td>SP</td>

      <td>ERP</td>

      <td>ACN</td>

   </tr>

   <tr>

      <td>Calculus</td>

      <td>EEE</td>

      <td>BE</td>
```

```
        <td>SAD</td>

        <td>SEMINAR</td>

        <td>IS</td>

        <td>MC</td>

        <td>AI</td>

      </tr>

    </table>

  </body>

</html>
```

3. Design Form of Student Registration, COVID-19 vaccine registration and Employee registration with following fields and also use HTML5 validation.

# Student Registration

| | |
|---|---|
| FullName | |
| Email | |
| Mobile No | |
| Address | |
| Nationality | |
| Date Of Birth | dd – mm – yyyy |
| Gender | ○ Male  ○ Female |
| Highest Degree | Select Degree ⌄ |
| CPI | |
| University | |
| Passing Year | Select Your Passing Year ⌄ |

```html
<!DOCTYPE html>

<html lang="en">

<head>

    <meta charset="UTF-8">

    <meta name="viewport" content="width=device-width, initial-scale=1.0">

    <title>Student Registration</title>

</head>

<body>

    <h1 style="text-align: center;">Student Registration</h1>

    <form action="#" method="post">

        <table align="center" cellpadding="5">

            <tr>

                <td><label for="fullname">FullName</label></td>

                <td><input type="text" id="fullname" name="fullname" placeholder="Enter your full name" required></td>

            </tr>

            <tr>

                <td><label for="email">Email</label></td>

                <td><input type="email" id="email" name="email" placeholder="Enter your email" required></td>

            </tr>
```

```
<tr>

  <td><label for="mobile">Mobile No</label></td>

  <td><input type="number" id="mobile" name="mobile" placeholder="Enter your mobile number"   required></td>

</tr>

<tr>

  <td><label for="address">Address</label></td>

  <td><textarea id="address" name="address" rows="3" placeholder="Enter your address" required></textarea></td>

</tr>

<tr>

  <td><label for="nationality">Nationality</label></td>

  <td><input type="text" id="nationality" name="nationality" placeholder="Enter your nationality" required></td>

</tr>

<tr>

  <td><label for="dob">Date Of Birth</label></td>

  <td><input type="date" id="dob" name="dob" required></td>

</tr>

<tr>

  <td>Gender</td>

  <td>

    <input type="radio" id="male" name="gender" value="male" required>
```

```html
    <label for="male">Male</label>

    <input type="radio" id="female" name="gender" value="female">

    <label for="female">Female</label>

  </td>

</tr>

<tr>

  <td><label for="degree">Highest Degree</label></td>

  <td>

    <select id="degree" name="degree" required>

      <option value="">Select Degree</option>

      <option value="bachelor">Bachelor's</option>

      <option value="master">Master's</option>

      <option value="phd">PhD</option>

    </select>

  </td>

</tr>

<tr>

  <td><label for="cpi">CPI</label></td>

  <td><input type="number" id="cpi" name="cpi" placeholder="Enter your CPI" step="0.01" min="0" max="10" required></td>

</tr>
```

```
<tr>

  <td><label for="university">University</label></td>

  <td><input type="text" id="university" name="university" placeholder="Enter your university name" required></td>

</tr>

<tr>

  <td><label for="passing-year">Passing Year</label></td>

  <td>

    <select id="passing-year" name="passing-year" required>

      <option value="">Select Your Passing Year</option>

      <option value="2024">2024</option>

      <option value="2023">2023</option>

      <option value="2022">2022</option>

      <option value="2021">2021</option>

    </select>

  </td>

</tr>

<tr>

  <td colspan="2" align="center">

    <button type="submit">Submit</button>

    <button type="reset">Cancel</button>
```

```
            </td>

        </tr>

    </table>

  </form>

</body>

</html>
```

# COVID-19 Vaccine Registration Form

First Name

Last Name

Aadhar Number

Vaccine Name     Please Select Vaccine Name ▾

Vaccination Center Name     Please Select Vaccination Center Name ▾

Date of Dose     dd – mm – yyyy 🗓

Dose Number

CLICK HERE   CANCEL

```
<!DOCTYPE html>

<html lang="en">

<head>

  <meta charset="UTF-8">
```

```html
<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>COVID-19 Vaccine Registration Form</title>

</head>

<body>

  <h1>COVID-19 Vaccine Registration Form</h1>

  <form action="#" method="post">

    <label for="firstName">First Name:</label>

    <input type="text" id="firstName" name="firstName"><br><br>


    <label for="lastName">Last Name:</label>

    <input type="text" id="lastName" name="lastName"><br><br>


    <label for="aadhaar">Aadhar Number:</label>

    <input type="text" id="aadhaar" name="aadhaar"><br><br>


    <label for="vaccineName">Vaccine Name:</label>

    <select id="vaccineName" name="vaccineName">

      <option value="">Please Select Vaccine Name</option>

      <option value="covaxin">Covaxin</option>

      <option value="covishield">Covishield</option>
```

```
        <option value="sputnik">Sputnik</option>

</select><br><br>


<label for="centerName">Vaccination Center:</label>

<select id="centerName" name="centerName">

    <option value="">Please Select Vaccination Center Name</option>

    <option value="center1">Center 1</option>

    <option value="center2">Center 2</option>

    <option value="center3">Center 3</option>

</select><br><br>


<label for="dateDose">Date of Dose:</label>

<input type="date" id="dateDose" name="dateDose"><br><br>


<label for="doseNumber">Dose Number:</label>

<input type="number" id="doseNumber" name="doseNumber"><br><br>


<button type="submit">CLICK HERE</button>

<button type="reset">CANCEL</button>

</form>
```

</body>

</html>

## Employee Registration

### Personal Information

Employee Id : [Enter Employee Id]    Employee Name : [Enter Employee Name]

Email : [Enter Email]    Contact No : [Enter Contact No]

Marital Status : ○ Single ○ Married

### Education Qualification

Education : [Enter Education details]    Experience : [Enter Experience Details]

### Job Details

Designation : [Enter Designation details]    Job location : [Enter Job Location]

Salary : [Enter Salary details]

[Register]

<!DOCTYPE html>

```html
<html lang="en">

<head>

  <meta charset="UTF-8">

  <meta name="viewport" content="width=device-width, initial-scale=1.0">

  <title>Employee Registration</title>

</head>

<body>

  <h1 style="text-align: center;">Employee Registration</h1>

  <form action="#" method="post">


    <table cellspacing="10" align="center">

      <tr><td colspan="4" align="center">

      <h3>Personal Information</h3></td>

    </tr>

      <tr>

        <td><label for="employeeId">Employee Id:</label></td>

        <td><input type="text" id="employeeId" name="employeeId" placeholder="Enter Employee Id"></td>

        <td><label for="employeeName">Employee Name:</label></td>

        <td><input type="text" id="employeeName" name="employeeName" placeholder="Enter Employee Name"></td>

      </tr>
```

```
<tr>

  <td><label for="email">Email:</label></td>

  <td><input type="email" id="email" name="email" placeholder="Enter Email"></td>

  <td><label for="contactNo">Contact No:</label></td>

  <td><input type="text" id="contactNo" name="contactNo" placeholder="Enter Contact No"></td>

</tr>

<tr>

  <td><label>Marital Status:</label></td>

  <td colspan="3">

    <input type="radio" id="single" name="maritalStatus" value="Single">

    <label for="single">Single</label>

    <input type="radio" id="married" name="maritalStatus" value="Married">

    <label for="married">Married</label>

  </td>

</tr>

</table>


<!-- Education Qualification Section -->


<table cellspacing="10" align="center">
```

```
<tr>

   <td colspan="4" align="center"><h3>Education Qualification</h3></td>

</tr>

<tr>

   <td><label for="education">Education:</label></td>

   <td><input type="text" id="education" name="education" placeholder="Enter Education Details"></td>

   <td><label for="experience">Experience:</label></td>

   <td><input type="text" id="experience" name="experience" placeholder="Enter Experience Details"></td>

</tr>

</table>


<!-- Job Details Section -->


<table cellspacing="10" align="center">

   <tr>

      <td colspan="4" align="center"><h3>Job Details</h3></td>

   </tr>

   <tr>

      <td><label for="designation">Designation:</label></td>

      <td><input type="text" id="designation" name="designation" placeholder="Enter Designation Details"></td>
```

```html
        <td><label for="jobLocation">Job Location:</label></td>

        <td><input type="text" id="jobLocation" name="jobLocation" placeholder="Enter Job Location"></td>

      </tr>

      <tr>

        <td><label for="salary">Salary:</label></td>

        <td><input type="text" id="salary" name="salary" placeholder="Enter Salary Details"></td>

        <td></td>

        <td></td>

      </tr>

    </table>


    <!-- Submit Button -->

    <div style="text-align: center; margin-top: 20px;">

      <button type="submit">Register</button>

    </div>

  </form>

</body>

</html>
```