

LAB 3

```
PRACTICAL 1:
1.
   <html>
   <head>
     <title>Practical-1</title>
     <style>
       body
         display: flex;
       table
         margin: auto;
         width: 70%;
         border-collapse: collapse;
         font-family: Arial, sans-serif;
       }
       th, td
       {
         border: 1px solid black;
         padding: 8px;
         text-align: left;
       }
       th
         background-color: grey;
         font-weight: bold;
       }
       tr:hover
         background-color: lightgray;
     </style>
   </head>
   <body>
     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
  </body>
</html>
```

OUTPUT:

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	

2. PRACTICAL 2:

<html>



```
<head>
 <title>Practical-2</title>
 <style>
   body
     display: flex;
   table
     font-family: Arial, sans-serif;
     margin: auto;
     width: 80%;
     border-collapse: collapse;
   }
   th, td
     border: 1px solid black;
     padding: 8px;
     text-align: center;
   }
   th
     background-color: rgb(153, 151, 151);
   tr:nth-child(even)
     background-color: lightgray;
   th:hover, td:hover
     background-color: #e1dfdf;
 </style>
</head>
<body>
 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

ACN

ACN
```

OUTPUT:

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	СС	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	МС	Al

3. **PRACTICAL 3:**



```
table
      padding: 5px;
   input:hover,textarea:hover,select:hover
      background-color: lightgray;
   input,textarea,select
      box-sizing: border-box;
      margin-bottom: 15px;
      border: 1px solid black;
   button
      border: 1px solid black;
      background-color: lightgray;
   button[type="submit"]
      color: white;
      background-color: green;
   button[type="reset"]
      color:white;
      background-color: red;
  </style>
</head>
<body>
  <form>
    <h1>Student Registration</h1>
      Full Name
        <input type="text"></input>
```



```
Email
 <input type="email"></input>
 Mobile Number
 <
 <input type="text"></input>
 Address
 <textarea rows="4"></textarea>
 Nationality
 <
 <input type="text"></input>
 Date Of Birth
 <
 Gender
 <
 <input type="radio" name="gender">Male &nbsp;
  <input type="radio" name="gender">Female
```



```
Highest Degree
 <
 <select>
    <option>Select Degree</option>
    <option>B.tech (Computer)
    <option>Diploma
    <option>B.C.A</option>
    <option>M.C.A</option>
    <option>B.B.A
    <option>M.B.A
   </select>
 CPI
 <input type="text" pattern="[0-9]{2}.[0-9]{2}">
University
 <
 <input type="text">
Passing Year
 <
 <select>
    <option value="">Select Your Passing Year
    <option value="2023">2023</option>
    <option value="2022">2022</option>
    <option value="2021">2021</option>
    <option value="2020">2020</option>
    <option value="2019">2019</option>
  </select>
 <button type="submit">Submit</button>
```



<head>

<style> body

<title>Practical-4</title>

```
<button type="reset">Cancel</button>
              </form>
      </body>
   </html>
   OUTPUT:
        Student Registration
         Full Name
         Email
         Mobile Number
         Address
         Nationality
                          15/12/2024
         Date Of Birth
                          Male Female
         Gender
                          Select Degree
         Highest Degree
         CPI
         University
                          Select Your Passing Year 💠
         Passing Year
                     Submit Cancel
   PRACTICAL 4:
4.
   <html>
```



```
font-family: Arial, sans-serif;
  display: flex;
}
.container
  box-sizing: border-box;
  padding: 20px;
  margin: auto;
  width: fit-content;
  border: 1px solid black;
}
.row
  margin: 10px;
  width: 100%;
  margin-bottom: 20px;
.col1
  width: 50%;
  float: left;
button[class="clickhere"]
  border: 1px solid black;
  color:white;
  background-color: green;
button[class="cancel"]
  border: 1px solid black;
  color:white;
  background-color: red;
input, select
  border: 1px solid black;
input:hover,select:hover
  background-color: lightgray;
```



```
</style>
</head>
<body>
  <div class="container">
    <form>
      <!-- Title -->
      <div class="row">
        <h1>COVID-19 Vaccine Registration Form</h1>
      </div>
      <!-- First Name -->
      <div class="row">
        <div class="col1">
          <label>First Name</label>
        </div>
        <div class="col">
          <input type="text">
        </div>
      </div>
      <!-- Last Name -->
      <div class="row">
        <div class="col1">
          <label>Last Name</label>
        </div>
        <div class="col">
          <input type="text">
        </div>
      </div>
      <!-- Aadhar Number -->
      <div class="row">
        <div class="col1">
          <label>Aadhar Number</label>
        </div>
        <div>
          <input type="text">
        </div>
      </div>
      <!-- Vaccine Name -->
      <div class="row">
```



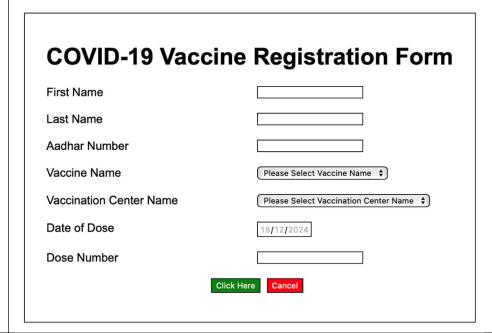
```
<div class="col1">
    <label>Vaccine Name</label>
  </div>
  <div class="col">
    <select>
      <option>Please Select Vaccine Name
      <option>abc</option>
      <option>dfg</option>
      <option>rty</option>
    </select>
  </div>
</div>
<!-- Vaccination Center Name -->
<div class="row">
  <div class="col1">
    <label>Vaccination Center Name
  </div>
  <div class="col">
    <select>
      <option>Please Select Vaccination Center Name
      <option>abc</option>
      <option>dfg</option>
      <option>rty</option>
    </select>
  </div>
</div>
<!-- Date of Dose -->
<div class="row">
  <div class="col1">
    <label>Date of Dose</label>
  </div>
  <div class="col">
    <input type="date">
  </div>
</div>
<!-- Dose Number -->
<div class="row">
  <div class="col1">
    <label>Dose Number</label>
  </div>
  <div class="col">
    <input type="text">
```



```
</div>
</div>

Click here and Cancel button -->
</div class="row">
</div class="col" align="center">
</button class="clickhere">Click Here</button>&nbsp;
</button class="cancel">Cancel</button>
</div>
</div>
</div>
</div>
</div>
</div>
</div>
</html>

OUTPUT:
```



5. **PRACTICAL 5:**



```
form
      text-align: center;
      box-sizing: border-box;
      width: fit-content;
      border: 1px solid black;
      margin:auto;
      padding: 30px;
      align-content: center;
    }
    table
      width: 100%;
                   text-align: center;
                   padding: 10px;
    }
    td
      padding: 10px;
      text-align: center;
    }
    input:hover
      background-color: lightgray;
    }
    input
      box-sizing: border-box;
      margin-bottom: 15px;
      border: 1px solid black;
    button[type="submit"]
      border: 1px solid black;
      color: white;
      background-color: green;
    }
      </style>
</head>
<body>
      <form>
```

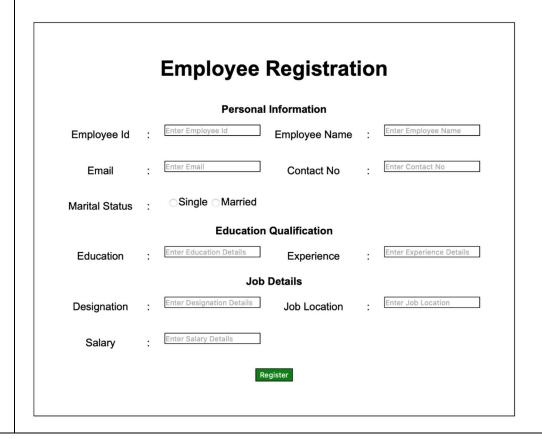


```
<h1>Employee Registration</h1>
            Personal Information
            Employee Id
                :
                <input type="text" placeholder="Enter Employee Id">
                Employee Name
                :
                <input type="text" placeholder="Enter Employee Name">
            Email
                :
                <input type="email" placeholder="Enter Email">
                Contact No
                :
                <input type="text" placeholder="Enter Contact No">
            Marital Status
                :
                <input type="radio" name="Status">Single
                    <input type="radio" name="Status">Married
            Education Qualification
            Education
                :
                <input type="text" placeholder="Enter Education Details">
                Experience
                :
                <input type="text" placeholder="Enter Experience Details">
            Job Details
            Designation
                :
                <input type="text" placeholder="Enter Designation
Details">
```



```
Job Location
               :
               <input type="text" placeholder="Enter Job Location">
           Salary
               :
               <input type="text" name="" placeholder="Enter Salary
Details">
           <button type="submit">Register</button>
           </form>
</body>
</html>
```

OUTPUT:





Diploma Computer Engineering

Subject-Web Designing-II (2302CS203)

Lab Solution