



योग: कर्मसु कोशलम्

LAB 3

1. PRACTICAL 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>
  <table>
    <tr>
      <th>FullName</th>
      <th>Email</th>
```



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```
<th>Mobile Number</th>
<th>City</th>
</tr>
<tr>
<td>Yash Patel</td>
<td>yash_patel@gmail.com</td>
<td>8787989811</td>
<td>Rajkot</td>
</tr>
<tr>
<td>Keyur Tanna</td>
<td>keyur1441@rediffmail.com</td>
<td>8874123210</td>
<td>Ahmedabad</td>
</tr>
<tr>
<td>Harsh Panchal</td>
<td>harsh_panchal@yahoo.com</td>
<td>9855621232</td>
<td>Surat</td>
</tr>
<tr>
<td>Jigar Makadiya</td>
<td>jmakadiya@gmail.com</td>
<td>7874636211</td>
<td>Baroda</td>
</tr>
</table>
</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>
```



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```
<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>
<table>
  <tr>
    <th rowspan="2">Department</th>
    <th colspan="2">1st Year</th>
    <th colspan="2">2nd Year</th>
    <th colspan="2">3rd Year</th>
```



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```
<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>
```

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	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

3.	<u>PRACTICAL 3:</u>
----	----------------------------

```
<html>  
  <head>  
    <title>Practical-3</title>  
    <style>  
      body  
      {  
        font-family: Arial, sans-serif;  
        display: flex;  
      }  
      form  
      {  
        box-sizing: border-box;  
        width: fit-content;  
        border: 1px solid black;  
        margin:auto;  
        padding: 30px;
```



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```
}
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>
<table>
<h1>Student Registration</h1>
<tr>
<td>Full Name</td>
<td></td>
<td>
<input type="text"></input>
</td>
```



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



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




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```
<td>
    <button type="reset">Cancel</button>
</td>
</tr>
</table>
</form>
</body>
</html>
```

OUTPUT:

Student Registration

Full Name	<input type="text"/>
Email	<input type="text"/>
Mobile Number	<input type="text"/>
Address	<input type="text"/>
Nationality	<input type="text"/>
Date Of Birth	<input type="text" value="15/12/2024"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Highest Degree	<input type="text" value="Select Degree"/>
CPI	<input type="text"/>
University	<input type="text"/>
Passing Year	<input type="text" value="Select Your Passing Year"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

4. PRACTICAL 4:

```
<html>
<head>
<title>Practical-4</title>
<style>
    body
    {
```



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```
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>
    <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</label>
  </div>
  <div class="col">
    <select>
      <option>Please Select Vaccination Center Name</option>
      <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">
```



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```
</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>
</form>
</div>
</body>
</html>
```

OUTPUT:

COVID-19 Vaccine Registration Form

First Name	<input type="text"/>
Last Name	<input type="text"/>
Aadhar Number	<input type="text"/>
Vaccine Name	<input type="text" value="Please Select Vaccine Name"/>
Vaccination Center Name	<input type="text" value="Please Select Vaccination Center Name"/>
Date of Dose	<input type="text" value="15/12/2024"/>
Dose Number	<input type="text"/>
<div><input type="button" value="Click Here"/> <input type="button" value="Cancel"/></div>	

5. PRACTICAL 5:

```
<!DOCTYPE html>
<html>
<head>
  <title>Practical-5</title>
  <style type="text/css">
body
{
  font-family: Arial, sans-serif;
  display: flex;
```



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```
}
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>
```



```
<table>
<h1>Employee Registration</h1>
  <th colspan="6">Personal Information</th>
  <tr>
    <td>Employee Id</td>
    <td>:</td>
    <td><input type="text" placeholder="Enter Employee Id"></td>
    <td>Employee Name</td>
    <td>:</td>
    <td><input type="text" placeholder="Enter Employee Name"></td>
  </tr>
  <tr>
    <td>Email</td>
    <td>:</td>
    <td><input type="email" placeholder="Enter Email"></td>
    <td>Contact No</td>
    <td>:</td>
    <td><input type="text" placeholder="Enter Contact No"></td>
  </tr>
  <tr>
    <td>Marital Status</td>
    <td>:</td>
    <td><input type="radio" name="Status">Single
      <input type="radio" name="Status">Married</td>
  </tr>
  <th colspan="6">Education Qualification</th>
  <tr>
    <td>Education</td>
    <td>:</td>
    <td><input type="text" placeholder="Enter Education Details"></td>
    <td>Experience</td>
    <td>:</td>
    <td><input type="text" placeholder="Enter Experience Details"></td>
  </tr>
  <th colspan="6">Job Details</th>
  <tr>
    <td>Designation</td>
    <td>:</td>
    <td><input type="text" placeholder="Enter Designation
Details"></td>
```



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```
<td>Job Location</td>
<td>:</td>
<td><input type="text" placeholder="Enter Job Location"></td>
</tr>
<tr>
<td>Salary</td>
<td>:</td>
<td><input type="text" name="" placeholder="Enter Salary
Details"></td>
</tr>
</tr>
<tr>
<td colspan="6"><button type="submit">Register</button></td>
</tr>
</table>
</form>
</body>
</html>
```

OUTPUT:

Employee Registration

Personal Information

Employee Id :

Employee Name :

Email :

Contact No :

Marital Status : ☐ Single ☐ Married

Education Qualification

Education :

Experience :

Job Details

Designation :

Job Location :

Salary :



Darshan
UNIVERSITY

Diploma Computer Engineering
Subject-Web Designing-II (2302CS203)
Lab Solution
