

SET 1:

Design a registration form using tkinter

STUDENT REGISTRATION FORM

FIRST NAME

(max 30 characters a-z and A-Z)

LAST NAME

(max 30 characters a-z and A-Z)

DATE OF BIRTH

Day:

Month:

Year:

EMAIL ID

MOBILE NUMBER

(10 digit number)

GENDER

Male

Female

ADDRESS

CITY

(max 30 characters a-z and A-Z)

PIN CODE

(6 digit number)

STATE

(max 30 characters a-z and A-Z)

COUNTRY

India

HOBBIES

Drawing

Singing

Dancing

Sketching

Others

QUALIFICATION

Sl.No.	Examination	Board	Percentage	Year of Passing
1	Class X			
2	Class XII			
3	Graduation			
4	Masters			

(10 char max)

(upto 2 decimal)

COURSES APPLIED FOR

BCA

B.Com

B.Sc

B.A

Submit

Reset

SET 2:

Create a Registration form for Job Portal USING TKINTER

Job Application

Personal Information

Name

First Name

Last Name

Email

user@example.com

Education

Please Choose

Resume

Choose File

No file chosen

Address

Address 1

Address 2

Select a Country

Country

City

State

Zip Code

Phone Number

What are your hobbies?

Precious/Current Employment Details

Company Name

Job Title

How long were you here?

Reference #1

Name

Phone

Reference #2

Name

Phone

412 × 717

Apply

SET 3

CONVERT THE FOLLOWING MANUAL FORM INTO DIGITAL MODE USING TKINTER

REGISTRATION INFORMATION			
Registration Period: (check one) <input type="checkbox"/> One Year <input type="checkbox"/> Two Years (\$2 discount applies) <input type="checkbox"/> Three Years (\$3 discount applies) (not available for vehicles subject to emissions testing)			
Registration Type: (check one) <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Private <input type="checkbox"/> Reissue (Plates & Decals) <input type="checkbox"/> Reissue (Decals Only) <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Transfer License Plate Number: <input type="text"/> ENTER PLATE NUM See Reissue Plates below under Plate Information.			
<input type="checkbox"/> For Hire (complete "For Hire Information" section)		<input type="checkbox"/> Ridesharing (Vanpool) (Cannot exceed 16 passengers including driver.) Seating Capacity <input type="text"/>	
<input type="checkbox"/> Amateur Radio Operator Call Letters - Specify letters: <input type="text"/>		<input type="checkbox"/> Other: <input type="text"/> SPECIFY	
OWNER INFORMATION			
OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)		TELEPHONE NUMBER (<input type="text"/>)	DMV CUSTOMER NUMBER / FEIN / SSN <input type="text"/>
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)		TELEPHONE NUMBER (<input type="text"/>)	DMV CUSTOMER NUMBER / FEIN / SSN <input type="text"/>
NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.			RESIDENCE/BUSINESS JURISDICTION <input type="text"/>
OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)		CITY <input type="text"/>	STATE <input type="text"/> ZIP CODE <input type="text"/>
CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)		CITY <input type="text"/>	STATE <input type="text"/> ZIP CODE <input type="text"/>
OWNER EMAIL ADDRESS <input type="text"/>		CO-OWNER EMAIL ADDRESS <input type="text"/>	
ADDITIONAL INFORMATION			
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF <input type="text"/>		IF NEW LOCATION ENTER DATE CHANGED <input type="text"/>	Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL <input type="text"/>		CITY <input type="text"/>	STATE <input type="text"/> ZIP CODE <input type="text"/>

SET 4

Design a registration form for hotel room accommodation by converting this manual from into digital format using tkinter

Title	
Last Name	
First Name(s)	
Share with	
Business number	
Mobile Number	
Email Address	
Date of Arrival	
Date of Departure	
Name on Credit Card	
Credit Card Number	
Expiry Date	
CVV Number	
Payment Method	<input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Bank Transfer

Negotiated Rates:

Deluxe Room Single	R1700	Deluxe Room Double	R1700
Suites Room Single	R 1700	Suites Room Double	R 1700

Room Preference:

<input type="checkbox"/> King Bed	<input type="checkbox"/> Twin – Two Single Beds
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The above rates are quoted per room, per night. The rates include breakfast, 14% vat, and Excludes 1% Tourism Levy and a voluntary R10 donation to the Arabella Community Trust that will be levied onto your account.

Total amount payable ZAR _____ x _____ nights = ZAR _____ due to Arabella Hotel and Spa

Credit Card will be charged on receipt of this form and details will also be used to settle all incidentals not settle on departure. A copy of the final folio will be sent to you should there be any unsettled charges.

In order to qualify for the above rates, your booking needs to be made on or before **15th January 2016**

Terms and conditions can be found on the next page.

The rate is valid for seven days before and after the conference dates. Check in time is 14:00 & check out time is 11:00

By your signature hereto, you are accepting all terms and conditions specified on this form and confirm that all information given is current and accurate.

Signature _____

Print name: _____

Date _____

SET 5:

Design a GUI using tkinter for CAB Rental booking.

CAR RENTAL RECEIPT

Date: _____

Receipt #: _____

Rental Company Info

Company: _____

Representative: _____

Location: _____

City/State/ZIP: _____

Phone: _____

Lessee Info

Name: _____

License #: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Vehicle Information

VIN: _____ Registration #: _____

Make: _____ Model: _____

Year: _____ Mileage: _____

Color: _____

VIN	Cost/Day	# of Days	Additional Costs	Line Total
Payment Method:			Subtotal:	
<input type="checkbox"/> Cash. <input type="checkbox"/> Check. No: _____			Tax (%):	
<input type="checkbox"/> Credit. No: _____			Total:	
<input type="checkbox"/> Other. _____			Amount Paid:	

Authorized Signature: _____

Representative Name: _____