HTML5

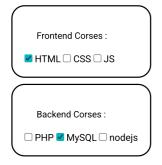
SESSION 5

SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	TEST YOUR SELF
Checkbox &	Radio	Select & Textarea	Anoth	er Inputs	Assignment

Checkbox & Radio

Checkbox:

- · Inline element
- Self Closing Tag
- label after input



<form action=""> Frontend Corses : <input checked="" id="html" name="feCorse[]" type="checkbox" value="html"/> <label for="html"> HTML</label> <input id="css" name="feCorse[]" type="checkbox" value="css"/> <label for="css"> CSS</label> <input id="js" name="feCorse[]" type="checkbox" value="js"/> <label for="js"> JS</label> </form>	
<form action=""> Backend Corses : <input id="php" name="bkCorse[]" type="checkbox" value="php"/> <label for="php"> PHP</label> <input checked="" id="mysql" name="bkCorse[]" type="checkbox" value="mysql"/> <label for="mysql"> MySQL</label> <input id="nodejs" name="bkCorse[]" type="checkbox" value="nodeja"/> <label for="nodejs"> nodejs</label> </form>	

Radio:

- Inline element
- Self Closing Tag
- label after input



```
<form action="">
 your birthday :
 <input type="radio" name="birthday" id="1999" value = "1999" />
 <label for="1999">1999</label>
 <input type="radio" name="birthday" id="2020" value = "2020" />
 <label for="2020">2020</label>
 <input type="radio" name="birthday" id="2002" value = "2002" checked/>
 <label for="2002">2002</label>
</form>
<form action="">
your gender :
 <input type="radio" name="gender" id="male" value = "male" checked />
 <label for="male">Male</label>
 <input type="radio" name="gender" id="female" value = "female" />
 <label for="female">Female</label>
</form>
```

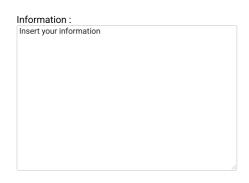
Select & Textarea

Select:

- Inline Element
- · Openinig and Closing

Textarea:

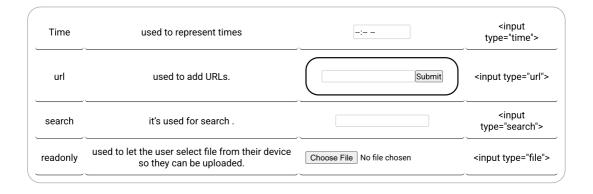
- · Inline Element
- Openinig and Closing



<textarea name="info" id="info" cols="50" rows="15"></textarea>

Another inputs

Time & URL & SEARCH & FILE



Assignment

STUDENT REGISTRATION FORM

FIRST NAME:	Enter first name	(max 30 characters A-Z and a-z)	
LAST NAME:	Enter last name	(max 30 characters A-Z and a-z)	
DATE OF BIRTH:	Day Month ✓ Year		
EMAIL ID:			
MOBILE NO:	Enter Mobile no	(10 digits number)	
GENDER:	○ Female ○ Male		
ADDRESS:		le.	
CITY:	Enter your city name		
PIN CODE:	Enter pin code	(6 digits number)	
STATE:	Enter your state name		
COUNTRY:	Enter your city name		
HOBBIES	☐ Singing ☐ Dancing ☐ Drawing ☐ Sketching ☐ Others Enter any other hobby		
COURSES:	○ BCA ○ B.Com ○ B.Sc ○ B	3.A	

SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	TEST YOUR SELF
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