PROGRAMME-4

Aim:
_____

Demonstrate a registration form using HTML

Code:
_____

```html
<html>
<head>
  <title>Registration from</title>
  <link rel="preconnect" href="https://fonts.gstatic.com">
  <link href="https://fonts.googleapis.com/css2?family=Akaya+Telivigala&display=swap" rel="stylesheet">
  <style>
    * {
      box-sizing: border-box;
    }

    body {
      background-color: #66717F;
      width: 100%;
      height: 100vh;
      padding-top: 4em;
    }

    .regform {
      background: #2E3740;
      color: #858f99;
      margin: auto;
      width: 50%;
      border: 1px solid black;
      box-shadow: rgba(0, 0, 0, 0.25) 0px 14px 28px, rgba(0, 0, 0, 0.22) 0px 10px 10px;
    }

    .content {
      margin: auto;
      width: 60%;
    }

    h1 {
      color: #6D7781;
      font-family: 'Akaya Telivigala', cursive;
      text-align: center;
    }
    legend{
      color: #6D7781;
      font-family: 'Akaya Telivigala', cursive;
    }
    label{
      font-family: 'Akaya Telivigala', cursive;
    }


    .first {
      text-align: right;
      width: 40%;
    }

    .button {
```

```css
            text-align: center;
        }

        input {
            padding: 5px 10px 5px 10px;
            height: 2em;
            border-radius: 5px;
            border:1px solid #858f99;
            background: #2E3740;
            color: #858f99;
        }
        input[type="radio"],input[type="checkbox"]{
            color: #2E3740;

        }
        fieldset{
            border:1px solid #858f99;
        }
        select{
            padding: 5px;
            height: 2em;
            border-radius: 5px;
            border:1px solid #858f99;
            background: #2E3740;
            color: #858f99;
        }

        textarea{
            background: #2E3740;
            padding: 5px;
            border-radius: 5px;
            border:1px solid #858f99;
            color: #858f99;
        }

        input[type="submit"] {
            margin-top: 3em;
            width: 8em;
            height:2.5em;
            text-align: right;
            text-align: center;
            background-color: #1FCE6D;
            cursor:pointer;
            color:#2E3740;
        }
        input[type="text"],input[type="tel"],textarea,select{
            width:90%;
        }
        .row{
            margin-top: 0.5em;
        }
        .radiobtn{
            position: relative;
            top:8px;
        }
        .checkbx{
            position: relative;
            top:8px;
        }
        form{
            margin-top: 1em;
        }
    </style>
</head>
```

```html
<body>
    <div class="regform">
        <h1>REGISTRATION FORM</h1>
        <hr width="50%">
        <div class="content">
            <form>
                <div class="row">
                    <label for="name">Name:</label><br>
                </div>
                <div class="row">
                    <input type="text" name="name"><br>
                </div>

                <div class="row">
                    <label for="age">Age:</label><br>
                </div>
                <div class="row">
                    <input type="text" name="age"><br>
                </div>

                <div class="row ">
                    <label  for="gender">Gender:</label>
                    <input class="radiobtn" name="gender" type="radio" value="male" >
                    <label   for="male">Male</label>
                    <input class="radiobtn" name="gender" type="radio" value="female">
                    <label   for="female">Female</label>
                    <input class="radiobtn" name="gender" type="radio" value="other">
                    <label   for="other">other</label><br>
                </div>

                <div class="row">
                    <label for="address">Address:</label><br>
                </div>
                <div class="row">
                    <textarea name="address" id="" cols="21" rows="5"></textarea><br>
                </div>

                <div class="row"></div>
                <label for="ph">Phone:</label><br>
                <div class="row"></div>
                <span>+91<input type="tel" name="ph" id="phone"
style="width:85%;"></span><br>

                <fieldset><legend>Please select atleast one</legend>
                <div class="row">
                    <label for="qualification">Latest qualification:</label><br>
                </div>
                <div class="row">
                    <select name="qualification" id="qualification">
                        <option>choose</option>
                        <option value="SSLC">SSLC</option>
                        <option value="PLUS TWO">PLUS TWO</option>
                        <option value="DEGREE/DEPLOMA">DEGREE/DEPLOMA</option>
                        <option value="PG">PG</option>
                    </select><br>
                </div>

                <div class="row">
                    <label for="nationality">Nationality:</label><br>
                </div>
                <div class="row">
                    <select name="nationality" id="nationality" >
                        <option>choose</option>
```

```html
                    <option value="INDIA">INDIA</option>
                    <option value="AUSTRALIA ">AUSTRALIA</option>
                    <option value="AMERICA">AMERICA</option>
                    <option value="UK">UK</option>
                    <option value="EUROPE">EUROPE</option>
                </select><br>
            </div>
        </fieldset>
            <div class="row">
                <label for="courses">Course completed:</label>
            </div>
            <div class="row">
                <input class="checkbx" type="checkbox" name="sslc" id="sslc">
                <label for="sslc">SSLC</label>
                <input class="checkbx" type="checkbox" name="plus two" id="plustwo">
                <label for="plustwo">PLUS TWO</label>
                <input class="checkbx" type="checkbox" name="degree" id="degree">
                <label for="degree">DEGREE</label>
                <input class="checkbx" type="checkbox" name="pg" id="pg">
                <label for="pg">PG</label>
            </div>

            <div class="row" style="display: flex;flex-direction: row-reverse;">
                <input type="submit" value="submit" style="justify-content: end; margin:0 0 0
                    10px;">
                <input type="submit" value="clear" style="margin:0 0 0 10px;">
            </div>
        </form>
    </div>
  </div>
</body>
</html>
```

Output: