Question 1:

Create following time table using table tag in HTML.

|  |  |
| --- | --- |
|  | <!doctype html> |
|  | <html> |
|  |  |
|  | <head> |
|  | <title>time table</title> |
|  | <style> |
|  | table,th, td { |
|  | border-style:solid; |
|  | border-color: black; |
|  | } |
|  | </style> |
|  | </head> |
|  |  |
|  | <body> |
|  | <table border="1" align="center"> |
|  | <tr align="center"> |
|  | <td colspan="6"><b>Time Table<b></td> |
|  | </tr> |
|  | <tr> |
|  | <td rowspan="6"><b>Hours<b></td> |
|  | <td><b>Mon</b></td> |
|  | <td><b>Tue</b></td> |
|  | <td><b>Wed</b></td> |
|  | <td><b>Thu</b></td> |
|  | <td><b>Fri</b></td> |
|  | </tr> |
|  | <tr> |
|  | <td>Science</td> |
|  | <td>Maths</td> |
|  | <td>Science</td> |
|  | <td>Maths</td> |
|  | <td>Arts</td> |
|  | </tr> |
|  | <tr> |
|  | <td>Social</td> |
|  | <td>History</td> |
|  | <td>English</td> |
|  | <td>Social</td> |
|  | <td>Sports</td> |
|  | </tr> |
|  | <tr align="center"> |
|  | <td colspan="5"><b>Lunch<b></td> |
|  | </tr> |
|  | <tr> |
|  | <td>Science</td> |
|  | <td>Maths</td> |
|  | <td>Science</td> |
|  | <td>Maths</td> |
|  | <td rowspan="2">Project</td> |
|  | </tr> |
|  | <tr> |
|  | <td>Social</td> |
|  | <td>History</td> |
|  | <td>English</td> |
|  | <td>Social</td> |
|  | </tr> |
|  | </table> |
|  | </body> |
|  | </html> |

OUTPUT….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time Table** | | | | | |
| **Hours** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
| Science | Maths | Science | Maths | Arts |
| Social | History | English | Social | Sports |
| **Lunch** | | | | |
| Science | Maths | Science | Maths | Project |
| Social | History | English | Social |

Question 2 :

Create registration page in HTML using form and table tags.

|  |  |
| --- | --- |
|  | <!doctype html> |
|  | <html> |
|  |  |
|  | <head> |
|  | <title>registration form</title> |
|  | </head> |
|  |  |
|  | <body bgcolor="fff456"> |
|  | <pre> |
|  | <form action="https://www.w3schools.com/html/html\_forms.asp"/> |
|  | <p><h1 align="center">student registration form</h1></p> |
|  | <label for="student's name">student's name</label> |
|  | <input type="text" id="student's name"><br/> |
|  | <label for="password">password</label> |
|  | <input type="password" id="password"><br/> |
|  | <label for="number">phone no</label> |
|  | <input type="number" id="number" maxlength='10'><br/> |
|  | <label for="email">email</label> |
|  | <input type="text" id="email"><br/> |
|  | <label for="dob">date of birth</label> |
|  | <input type="date" id="dob"><br/> |
|  | <label for="address">address</label> |
|  | <textarea row='3' cols='25%' name="address"> |
|  | enter your address..</textarea><br> |
|  | <label for="number">rollno</label> |
|  | <input type="number" id="number"><br/> |
|  | <label for="gender">gender</label> |
|  | <input type="radio" name="on" value="male">male |
|  | <input type="radio" name="on" value="female">female</br> |
|  | <label for="dropdown">div</label> |
|  | <select name="dropdown"> |
|  | <option value="SYBCA DIV1" selected>SYBCA DIV1</option> |
|  | <option value="SYBCA DIV2">SYBCA DIV2</option> |
|  | <option value="SYBCA DIV3">SYBCA DIV3</option> |
|  | <option value="SYBCA DIV4">SYBCA DIV4</option> |
|  | </select> |
|  | </br> |
|  | which subject do you like most? |
|  | <input type="checkbox" name="on" value="WD">WD |
|  | <input type="checkbox" name="on" value="JAVA">JAVA |
|  | <input type="checkbox" name="on" value=".NET">.NET |
|  | <input type="checkbox" name="on" value="IS">IS |
|  | <input type="checkbox" name="on" value="SE">SE |
|  | <br/><br/> |
|  | which faculty do you like most? |
|  | <select name="dropdown"multiple><br><br><br><br> |
|  | <option value="piyushsir">piyushsir</option><br> |
|  | <option value="bipinsir">bipinsir</option><br> |
|  | <option value="sandipsir">sandipsir</option><br> |
|  | <option value="mukeshsir">mukeshsir</option><br> |
|  | </select> |
|  | </br> |
|  | what do you want to be in future? |
|  | <input list="future"> |
|  | <datalist id="future"> |
|  | <option value="developer"> |
|  | <option value="designer"> |
|  | <option value="tester"> |
|  | <option value="administer"> |
|  | </datalist> |
|  | </form> |
|  | </pre> |
|  | </body> |
|  | </html> |

Output….

Top of Form

**student registration form**

student's name

password

phone no

email

date of birth

address

rollno

gender

male

female

div

   SYBCA DIV1   SYBCA DIV2   SYBCA DIV3   SYBCA DIV4

which subject do you like most?

WD

JAVA

.NET

IS

SE

which faculty do you like most?

   piyushsir   bipinsir   sandipsir   mukeshsir

what do you want to be in future?

Bottom of Form