# Solutions of HTML practice questions

### Q.1 make a form.

```
<!DOCTYPE html>
  <html lang="en">
  <head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Registration Form</title>
  </head>
  <body>
    <h2>Registration Form</h2>
    <form action="#" method="post">
      <label for="username">Username:</label>
      <input type="text" id="username" name="username" required><br><br>
<label for="email">Email:</label>
      <label for="password">Password:</label>
      <input type="password" id="password" name="password" required><br><br><br>
<label for="confirm password">Confirm Password:</label>
                                                         "confirm_password" required><br><br>
      <input type="password" id="confirm_password</pre>
<label for="dob">Date of Birth:</label>
      <input type="date" id="dob" name="dob" required><br><br></ri>
<label for="gender">Gender:</label>
      <select id="gender" name="gender" required>
        <option value="">Select</option>
        <option value="male">Male
        <option value="female">Female</option>
        <option value="other">Other</option>
      </select><br>>
      <label>Tick Marks:</label><br>
      <input type="checkbox" id="tick1" name="tick1">
      <label for="tick1">Option 1</label><br>
      <input type="checkbox" id="tick2" name="tick2">
      <label for="tick2">Option 2</label><br><br></ri>
<label for="feedback">Feedback:</label><br>
      <select id="feedback" name="feedback" required>
<option value="">Select</option>
        <option value="excellent">Excellent</option>
        <option value="good">Good</option>
        <option value="average">Average</option>
        <option value="poor">Poor</option>
      </select><br>>
```

## Q.2 Re-create following table.

# Merged Cell Table

| Personal Information |                 | Contact                 |
|----------------------|-----------------|-------------------------|
| Name:                | John Doe        | Contact                 |
| Address:             | 123 Main Street | Email: john@example.com |
|                      | City: Anytown   | Phone: 123-456-7890     |

```
<!DOCTYPE html>
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<html lang="en">
<head>
 <meta charset="UTF-8">
 <meta name="viewport" content="width=device-width, initial-scale=1.0">
 <title>Merged Cell Table</title>
</head>
<body>
 <h2>Merged Cell Table</h2>
 Personal Information
    Contact
  Name:
   John Doe
  Address:
    123 Main Street
    Email: john@example.com
  City: Anytown
   Phone: 123-456-7890
```

- </body>
- </html>

## Q.3 Print the following using h1 heading element.

#### To print Pythagorean theorem

```
  <!DOCTYPE html>
  <html lang="en">
   <head>
        <meta charset="UTF-8">
        <meta name="viewport" content="width=device-width, initial-scale=1.0">
        <title>Pythagorean Theorem</title>
        </head>
        <body>
            <h2>Pythagorean Theorem</h2>
            a<sup>2</sup> + b<sup>2</sup> = c<sup>2</sup>
        </body>
        </html>
```

#### To print formula of glucose

# Q.4 Print the following using h1 heading element and entities.

```
<!DOCTYPE html>
<html lang="en">
<head>
<meta charset="UTF-8">
<meta name="viewport" content="width=device-width, initial-scale=1.0">
<title>Weather Report</title>
</head>
<body>
<h1>Today &nbsp;&nbsp;&#9728; is bright and &nbsp;&#9729;&#65039; are black</h1>
</body></html>
```

# Q.5 Re-create the following form with suitable elements and input type.

#### Registration Form

```
First Name:
Last Name:
Gender: Select 🗸
Agree to Terms: ○ Yes ○ No
Register
   <!DOCTYPE html>
   <html lang="en">
   <head>
      <meta charset="UTF-8">
      <meta name="viewport" content="width=device-width, initial-scale=1.0">
      <title>Registration Form</title>
    </head>
    <body>
      <h2>Registration Form</h2>
      <form action="#" method="post">
        <label for="first_name">First Name:</label>
 <input type="text" id="first_name" name="first_name" required><br><br>
        <label for="last_name">Last Name </label>
<input type="text" id="last_name" rame="last_name" required><br>
        <label for="gender">Gender:</label>
        <select id="gender" name="gender" required>
 <option value="">Select</option>
          <option value="male">Male</option>
          <option value="female">Female</option>
          <option value="other">Other</option>
        </select><br>>
 <label for="agree_terms">Agree to Terms:</label>
        <input type="radio" id="agree_yes" name="agree_terms" value="yes" required>
        <label for="agree_yes">Yes</label>
 <input type="radio" id="agree_no" name="agree_terms" value="no" required>
        <label for="agree_no">No</label><br><br></label>
        <input type="submit" value="Register">
      </form>
    </body>
    </html>
```

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