<!DOCTYPE html>

<html lang="en">

  <head>

    <meta charset="UTF-8" />

    <meta http-equiv="X-UA-Compatible" content="IE=edge" />

    <meta name="viewport" content="width=device-width, initial-scale=1.0" />

    <title>document 1</title>

    <link rel="stylesheet" href="new.css" />

      <style>

      .form-design {

        width: 490px;

        height: 290px;

        border: 2px solid black;

      }

      .red {

        color: white;

        background-color: red;

      }

      .form1{

border: 1px solid black;

width: 30%;

text-align: center;

background-color: rgb(214, 214, 214);

      }

      .butn1{

background-color: rgb(11, 189, 11);

color: black;

padding: 5px;

margin-bottom: 15px;

border-radius: 5px;

size: 10;

      }

      .form2{

        width: 40%;

      }

    </style>

  </head>

  <body>

     <!-- 1.fix the bug

    <html lang="en">

<head>

    <title>Document</title>

</head>

<body>

    <div> guvi</div>

    <div>  lorem ipsum dolor sit amet consectetur adipisicing elit.</div>

    <div> Guvi Geek Network</div>

</body>

</html> -->

    <!-- 3.create contact us form -->

<form class="form1" >

 <label> Contact Us</label><br><br>

    <input

      type="text"

      name="enter your name"

      placeholder="enter your name"

      required

    /><br /><br />

    <input

      type="email"

      name="enter your email"

      placeholder="enter your email"

      required

    /><br /><br />

    <input

      type="tel"

      name="your mobile number"

      placeholder="your mobile number"

      required

    /><br /><br />

    <textarea rows="8" placeholder="enter your message"  required> </textarea>

    <br /><br />

   <button size="10" class="butn1"> submit</button>

</form>

<br>

        <!-- 4.use certain HTML elements to display the following -->

    <ul>

      <li>

        programming language

        <ul>

          <li>

            JavaScript

            <ol type="a">

              <li>Angular</li>

              <li>React</li>

              <li>Vue.js</li>

            </ol>

          </li>

          <li>

            Python

            <ol type="a">

              <li>Django</li>

              <li>Flask Framework</li>

            </ol>

          </li>

          <li>

            Java

            <ol type="a">

              <li>Spring</li>

              <li>Maven</li>

            </ol>

          </li>

        </ul>

      </li>

      <li>

        Database

        <ul>

          <li>MySQL</li>

          <li>Hibernate</li>

          <li>Cansandra</li>

        </ul>

      </li>

    </ul>

<br><br>

    <!-- 5.link google in separate new tab -->

    <a href="http:\\www.google.com" target="\_blank"> Go to GooGle</a> <br><br>

    <!-- 6.radio button -->

    <form>

      <label for="employee type">employee type </label><br />

      <input type="radio" name="employee type" id="employee type" />

      <label>Salaried</label><br />

      <input type="radio" name="employee type" id="employee type" /><label

        >Own Business</label

      >

    </form>

<br><br>

<!-- 7.design given form -->

<form  class="form-design">

  <h2 class="red">Yes! I want to subcribe to Mag-O-Zine</h2>

  <label for="FirstName">First Name</label>

  <input type="text" name=" FirstName" id="FirstName" />

  <label for="LastnName">Last Name</label>

  <input type="text" name="LastnName" id="LastnName" /><br /><br />

  <label for="Address">Address</label>

  <input type="text" name="Address" id="Address" size="50" /><br /><br />

  <label for="City">City</label>

  <input type="text" name="City" id="City" size="9" />

  <label for="State">State</label>

  <input type="text" name="State" id="State" size="9" />

  <label for="Zip">Zip</label>

  <input type="number" name="Zip" id="Zip" size="9" /><br /><br />

  <b></b>

    <span

      ><label for="year">Subscribe for</label>

      <input type="checkbox" name="year" id="year" value="1 year" />

      <label> 1 year ($19.95) </label>

      <input type="checkbox" name="year" id="year" value="2year" />

      <label>2 year ($35.00) </label></span

    >

    <br />

    <label> Send me more information abot</label><br />

    <input type="checkbox" name="year" id="year" value="1 year" checked />

    <label for="year"> Computer-Zine</label><br />

    <input type="checkbox" name="year" id="year" value="2year" />

    <label for="year">Fishing-Zine </label><br />

    <input type="checkbox" name="year" id="year" value="2year" checked />

    <label>Cat-O-zine </label><br

  /></b>

</form>

    <!--8. creat a table -->

    <h2>Health Chart</h2>

    <table border="1px" cellpadding="10" cellspacing="0" class="table">

      <tr>

        <td rowspan="2">State of Health</td>

        <td colspan="2">Fasting value</td>

        <td>After Eating</td>

      </tr>

      <tr>

        <td>Minimum</td>

        <td>Maximum</td>

        <td>2 hours after eating</td>

      </tr>

      <tr>

        <td>Healthy</td>

        <td>70</td>

        <td>100</td>

        <td>Less than 100</td>

      </tr>

      <tr>

        <td>Pre-Diabetes</td>

        <td>101</td>

        <td>126</td>

        <td>140-200</td>

      </tr>

      <tr>

        <td>Diabetes</td>

        <td>more than 126</td>

        <td>N/A</td>

        <td>More than 200</td>

      </tr>

    </table>

    <br />

    <!-- 10. highlight the text without css --><br />

    <mark> <q> HTML & CSS is awesome</q></mark

    ><br /><br />

    <!-- 11.create html page using all inputs element -->

    <form class="form2">

      <fieldset>

        <legend style="font-size: 50px">Forms</legend>

        <label for="name">Enter your name</label>

        <input type="text" name="your name" id="name" /><br /><br />

        <label for="age"> Enter your age</label>

        <input type="number" name="age" id="age" /><br /><br />

        <label for="phone"> Enter your phone number</label>

        <input type="number" name="phone number" id="phone" /><br /><br />

        <label for="email"> Enter your email id</label>

        <input type="email" name="your email" id="email" /><br /><br />

        <label for="Password"> Enter your password</label>

        <input type="password" name="password" id="password" /><br /><br />

        <label for="DOB"> Enter your DOB</label>

        <input type="date" name="your DOB" id="DOB" /><br /><br />

        <label for="time"> Enter the time</label>

        <input type="time" name="time" id="time" /><br /><br />

        <label for="week"> Enter the week</label>

        <input type="week" name="enter the week" id="week" /><br /><br />

        <label for="month">Enter the month</label>

        <input type="month" name="month" id="month" /><br /><br />

        <label for="time-local"> Enter the datetime local</label>

        <input

          type="datetime-local"

          name="date time local"

          id="time local"

        /><br /><br />

        <label for="pickcolor"> Pick your color</label>

        <input type="color" name="color" id="color" /><br /><br />

        <label for="day"> Enter the day</label>

        <input type="day" name="day" id="day" /><br /><br />

        <label for="telphone number"> Enter your tel phone number</label>

        <input type="tel" name="telphone" id="telphone number" /><br /><br />

        <label for="url link"> Enter the url link</label>

        <input type="url" name="url link" id="url link" /><br /><br />

        <label for="reset all"> click here to reset</label>

        <input type="reset" name="reset all" id="reset all" /><br /><br />

        <input

          type="submit"

          name="submit"

          id="submit"

          value="submit"

        /><br /><br />

        <label for="search"> search here</label>

        <input type="search" name="search" id="search" /><br /><br />

        <label for="upload file"> upload your file</label>

        <input type="file" name="upload file" id="upload file" /><br /><br />

        <label for="range"> range</label>

        <input type="range" name="range" id="range" /><br /><br />

        <label for=" gender"> select your gender</label><br /><br />

        <input type="radio" name="gender" id="gender" value="male" />

        <label> Male </label><br /><br />

        <input type="radio" name="gender" id="gender" value="female" />

        <label> Female </label><br /><br />

        <input type="radio" name="gender" id="gender" value="others" />

        <label> Others </label><br /><br />

        <label for="language"> known language</label><br /><br />

        <input

          type="checkbox"

          name="language"

          id="language"

          value="Tamil"

          checked

        />

        <label> Tamil </label><br /><br />

        <input type="checkbox" name="language" id="language" value="English" />

        <label> English </label><br /><br />

        <input type="checkbox" name="language" id="language" value="hindi" />

        <label> Hindi</label><br /><br />

        <input

          type="checkbox"

          name="language"

          id="language"

          value="Malayalam"

        />

        <label> Malayalam </label><br /><br />

        <select>

          <option>select you fav color</option>

          <option value="blue">blue</option>

          <option value="pink">pink</option>

          <option value="black">black</option>

          <option value="yellow">yellow</option>

          <option value="red">red</option>

        </select>

        <br /><br />

        <select multiple>

          <option>select you fav color</option>

          <option value="blue">blue</option>

          <option value="pink">pink</option>

          <option value="black">black</option>

          <option value="yellow">yellow</option>

          <option value="red">red</option>

        </select>

      </fieldset>

    </form>

  </body>

</html>