Filename:resgistrationform.html

<!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>Registration</title>

<style>

body {

font-size: larger;

background-color: rgb(77, 238, 250);

background-size: 100vw 100vh;

background-image: url(shadow\_bg.jpg)

}

#btn {

background-color: red;

font-size: 100%;

border-style: inset;

border-color: yellow;

}

#btn:hover {

background-color: yellow;

font-size: 100%;

border-style: inset;

border-color: yellow;

}

#rst {

background-color: red;

font-size: 100%;

}

.cls1 {

font-size: 100%;

background-color: rgb(244, 62, 207);

text-align: center;

}

#r {

font-size: 100%;

background-color: rgb(246, 3, 3);

text-align: center;

}

#degree {

background-color: rgb(19, 207, 245);

}

html,

body {

background-color: rgb(0, 221, 255);

animation-name: example;

animation-duration: 5s;

}

@keyframes example {

from {

background-color: rgb(221, 255, 0);

}

to {

background-color: rgb(247, 0, 255);

}

}

</style>

</head>

<body>

<div>

<h2 style="text-align: center; color: rgb(105, 9, 240);">REGISTRATION FORM</h2>

<!--

<form action="submit.html" > -->

<form action="feedback.html">

<ol>

<li><label for="name">Name:</label>

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

</li><br>

<li> <label for="date">Date of Birth</label>

<input type="date">

</li> <br>

<li><label for="address">Address</address></label><br><br>

<ul type=">">

<li><label for="street">Street:</label>

<input type="text" name="street" />

</li><br>

<li><label for="town">town:</label>

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

</li><br>

<li><label for="state">state:</label>

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

</li><br>

<li><label for="pincode">pincode:</label>

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

</li><br>

</ul>

<div id="degree">

<li><label for="dept">select degree</label>

<ol>

<input type="radio" name="same">

</li>

<label for="cs">BSC </label><br>

<input type="radio" name="same">

<label>BCOM </label><br>

<input type="radio" name="same">

<label>BBA</label><br>

<input type="radio" name="same">

<label>LLB</label><br>

<input type="radio" name="same">

<label>MBBS</label><br>

</li>

</ol>

</div>

<br>

<li><label for="selection">SELECT HOBBIES: </label></li>

<select name="interest" id="interest" class="cls1">

<option value="select">Select </option>

<option value="ps">public speaking</option>

<option value="rv">Reading novels</option>

<option value="ws">Watching sports</option>

<option value="ps">Playing Sports</option>

<option value="dance">Dance</option>

</select><br><br>

<li><label for="choose"> SELECT LANGUAGES</label></li>

<ul>

<li><label> KANNADA</label>

<input type="checkbox" id="check" name="check"><br>

<li><label> ENGLISH</label>

<input type="checkbox" id="check" name="check">

<li><label> HINDI</label>

<input type="checkbox" id="check" name="check">

</ul>

<br>

<label for="comments" style="font-size:30px;">Furthur comments:</label>

<textarea id="comments" name="comments" rows="5" cols="50">comment.......</textarea><br><br>

<input type="submit" value="send feedback" id="btn" />

<input type="reset" value="reset" id="rst" />

</ol>

</form>

</div>

</body>

</html>

Filename:feedback.html

<HTML>

<HEAD>

<TITLE>Feedback Form</TITLE>

<style>

h1 {

text-align: center;

}

BODY {

font-size: larger;

background-color: rgb(239, 82, 202);

background-size: 100vw 100vh;

}

div {

margin: 10px;

}

input {

font-size: 20px;

border-radius: 20px;

background-color: chartreuse;

}

textarea {

background-color: chartreuse;

}

select {

background-color: chartreuse;

}

html,

body {

background-color: rgb(0, 221, 255);

animation-name: example;

animation-duration: 5s;

}

@keyframes example {

from {

background-color: rgb(221, 255, 0);

}

to {

background-color: rgb(247, 0, 255);

}

}

</style>

</HEAD>

<BODY>

<H1>Feedback Form</H1>

<form action="resgistrationform.html">

<div>

First Name : <INPUT type="text" name="firstname" placeholder="Enter name here">

<br>

</div>

<div>

Second Name : <INPUT type="text" name="secondname" placeholder="Enter surname here">

</div>

<BR>

select Gender:

<div>

<INPUT type="radio" name="gender" value="male">Male<BR>

</div>

<div>

<INPUT type="radio" name="gender" value="female">Female

<BR>

</div>

<div>

<label> email:</label>

<INPUT type="email" name="mail">

</div>

<div>

<br>

please share your feedback:<BR>

<TEXTAREA rows="6" cols="50" name="commentfield"></TEXTAREA>

<BR>

</div>

<div>

<br>

select country:

<SELECT name="countychooser">

<OPTION value="cork">INDIA</OPTION>

<OPTION value="cork">Cork</OPTION>

<OPTION value="dublin">Dublin</OPTION>

<OPTION value="galway">Galway</OPTION>

<OPTION value="kerry">Kerry</OPTION>

</SELECT>

<BR>

</div>

<BR>

<div>

<input type="submit" value="NEW REGISTRATION"/>

<INPUT TYPE="reset" value="Reset">

</div>

</FORM>

</BODY>

</HTML>