***ASSIGNMENT 1***

***NAME:*** *KOLLI LOKESH*

***REG:*** *20BCI0215*

***E-MAIL:*** [***kolli.lokesh2020a@vitstudent.ac.in***](mailto:kolli.lokesh2020a@vitstudent.ac.in)

***VIT VELLORE***

***Create one form with input and apply css for that.***

**Code:**

<!DOCTYPE html>

<html>

<head>

  <title>20BCI0215</title>

  <style>

    /\* Base styles \*/

    body {

      display: flex;

      justify-content: center;

      align-items: center;

      height: 100vh;

      background-color: #5cbdb9;

    }

    .form-container {

      width: 400px;

      padding: 20px;

      background-color: #e8f9fd;

      border-radius: 5px;

      box-shadow: 0 0 10px rgba(0, 0, 0, 0.2);

    }

    .form-group {

      margin-bottom: 20px;

    }

    label {

      display: block;

      font-weight: bold;

    }

    input[type="text"],

    input[type="email"],

    input[type="password"] {

      width: 90%;

      padding: 10px;

      border: 2px solid #ccc;

      border-radius: 5px;

      background-color: #fff;

      transition: border-color 0.3s, background-color 0.3s;

    }

    .btn {

      display: inline-block;

      padding: 10px 20px;

      background-color: #4CAF50;

      color: white;

      text-decoration: none;

      border-radius: 5px;

    }

    /\* Interactive styles \*/

    input:focus {

      outline: none;

      border-color: #4CAF50;

      background-color: #eaf2f8;

    }

    input:hover {

      background-color: #f8fafc;

    }

    .btn:hover {

      background-color: #45a049;

    }

  </style>

</head>

<body>

  <div class="form-container">

    <form>

      <h1>Form</h1>

      <div class="form-group">

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

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

      </div>

      <div class="form-group">

        <label for="email">Email:</label>

        <input type="email" id="email" name="email" required>

      </div>

      <div class="form-group">

        <label for="password">Password:</label>

        <input type="password" id="password" name="password" required>

      </div>

      <div class="form-group">

        <label for="phone">Phone:</label>

        <input type="tel" id="phone" name="phone" required>

      </div>

      <div class="form-group">

        <label for="birthdate">Birthdate:</label>

        <input type="date" id="birthdate" name="birthdate" required>

      </div>

      <div class="form-group">

        <input type="submit" value="Submit" class="btn">

      </div>

    </form>

  </div>

</body>

</html>

Output:

