

ASSIGNMENT – 1

NAME: KEERTHI REDDY PALAKOLLU

REG NO: 20BCN7166

1. Create one form with input and apply css for that ?

HTML CODE –

```
1  <!DOCTYPE html>
2  <html>
3  <style>
4  input[type=text], select {
5      width: 100%;
6      padding: 12px 20px;
7      margin: 8px 0;
8      display: inline-block;
9      border: 1px solid #ccc;
10     border-radius: 4px;
11     box-sizing: border-box;
12 }
13
14 input[type=submit] {
15     width: 100%;
16     background-color: #383abd;
17     color: white;
18     padding: 14px 20px;
19     margin: 8px 0;
20     border: none;
21     border-radius: 4px;
22     cursor: pointer;
23 }
24
25 input[type=submit]:hover {
26     background-color: #383abd;
27 }
```

```

div {
  border-radius: 5px;
  background-color: #9fc943;
  padding: 20px;
}
</style>
<body>

<h3>Form</h3>

<div>
  <form action="/action_page.php">
    <label for="fname">First Name</label>
    <input type="text" id="fname" name="firstname" placeholder="Your name..">

    <label for="lname">Last Name</label>
    <input type="text" id="lname" name="lastname" placeholder="Your last name..">

    <p>
      <label for="dob">Date of Birth</label>
      <input type="date" id="dob" name="DOB">
    </p>

    <p>
      <label for="phnum">Phone Number</label>
      <input type="tel" id="phone" name="phone" placeholder="e.g. +91 000 000 0000" value="+91 ">
    </p>




```

```

56     </p>
57     <label for="designation">Designation</label>
58     <select id="designation" name="designation">
59       <option value="ug">UG</option>
60       <option value="pg">PG</option>
61       <option value="diploma">Diploma</option>
62       <option value="lecturer">Lecturer</option>
63     </select>
64
65     <label for="country">Country</label>
66     <select id="country" name="country">
67       <option value="india">India</option>
68       <option value="canada">Canada</option>
69       <option value="usa">USA</option>
70       <option value="australia">Australia</option>
71       <option value="south korea">South Korea</option>
72     </select>
73
74     <input type="submit" value="Submit">
75   </form>
76 </div>
77
78 </body>
79 </html>

```

Form

First Name	<input type="text" value="Your name..."/>
Last Name	<input type="text" value="Your last name..."/>
Date of Birth	<input type="text" value="dd-mm-yyyy"/> 
Phone Number	<input type="text" value="+91"/>
Designation	<input type="text" value="UG"/> 
Country	<input type="text" value="India"/> 
<input type="button" value="Submit"/>	