



HTML

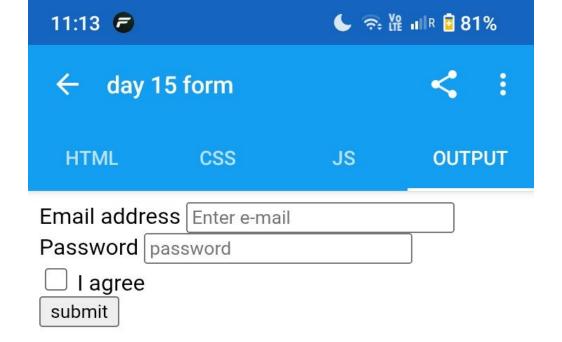
CSS

JS

OUTPUT

```
<!DOCTYPE html>
   <html>
2
3
        <head>
            <title>Page Title</title>
        </head>
5
        <body>
6
          <form method="get"></form>
          <div class="form-group"></div>
          Email address
9
          <input type="email" class="form-control"</pre>
10
   name="email"
          placeholder="Enter e-mail">
11
          </div>
12
          <div class ="form-group">
13
14
              Password
15
              <input type="password"</pre>
   class="form-control" name="password"
              placeholder="password">
16
          </div>
17
          <div class="form-check">
18
              <input type="checkbox"</pre>
19
   class="form-check-input" id="examplecheck1">
              <label class="form-check-label"</pre>
20
   for="examplecheck1">I agree</label>
          </div>
21
          <button type="submit" class="btn</pre>
22
   btn-primary">submit</button>
          </form>
23
24
25
        </body>
   </html>
26
```





```
day 15 form
```



HTML

CSS

JS

OUTPUT

```
<!DOCTYPE html>
   <html>
2
        <head>
        <title>Bootstrap Menu Homework</title>
        <link rel="stylesheet"</pre>
   href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1
   /css/bootstrap.min.css">
       <script
   src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1
   /jquery.min.js"></script>
        <script
   src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js
   /bootstrap.min.js"></script>
            <title>Page Title</title>
8
       </head>
10
       <body>
11
        <div class="container"></div>
          <form method="get"></form>
12
          <h1>Student registration form</h1>
13
14
          <div class="form-group"></div>
          <input type="text" class="form-control"</pre>
16
   name="email"
17
         placeholder="Enter Name">
         </div>
18
          <div class ="form-group">
19
20
              Phone
21
              <input type="password" class="form-control"</pre>
   name="password"
22
              placeholder="Enter phone">
          </div>
23
          <div class="form-group">
24
25
         address
          <textarea class="form-control" name="address"
26
   placeholder="Enter Address"></textarea>
27
          </div>
28
          <div class="form-group">
29
              Admission year
30
              <input type="password" class="form-control"</pre>
   name="pass" placeholder="password">
          </div>
31
          <div class="form-group"></div>
32
          select class
34
          <select class="form-select" aria-label="Default"</pre>
   select example">
35
              <option selected>open this select menu
   option>
              <option value="1"><fy</option>
36
              <option value="1"><sy</option>
37
```









RUN >

```
← day 15 form
```



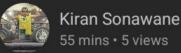
HTML

CSS

JS

OUTPUT

```
src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js
    /bootstrap.min.js"></script>
            <title>Page Title</title>
8
        </head>
        <body>
        <div class="container"></div>
11
          <form method="get"></form>
12
          <h1>Student registration form</h1>
13
          <div class="form-group"></div>
14
          <input type="text" class="form-control"</pre>
   name="email"
17
          placeholder="Enter Name">
          </div>
18
          <div class ="form-group">
19
              Phone
20
21
              <input type="password" class="form-control"</pre>
   name="password"
              placeholder="Enter phone">
22
          </div>
23
24
          <div class="form-group">
25
          address
          <textarea class="form-control" name="address"
26
   placeholder="Enter Address"></textarea>
          </div>
27
          <div class="form-group">
28
              Admission year
29
              <input type="password" class="form-control"</pre>
30
   name="pass" placeholder="password">
          </div>
31
          <div class="form-group"></div>
32
33
          select class
          <select class="form-select" aria-label="Default</pre>
34
   select example">
              <option selected>open this select menu
35
   option>
              <option value="1"><fy</option>
36
              <option value="1"><sy</option>
37
              <option value="1"><ty</option>
38
          </select>
39
40
          </div>
41
42
          <button type="submit" class="btn</pre>
   btn-primary">submit</button>
43
44
          </form>
45
        </body>
46
   </html>
```













## Student registration form

Name
Enter Name
Phone
Enter phone
address
Enter Address
Admission year
password
select class open this select menu > submit

12:41		<b>€</b> 🤿	<b>€</b> 🤧 ₩IIR 🔁 66%	
← ghk			< :	
HTML	css	JS	OUTPUT	
Gender:				
Phone Nu	mber:			
Email Add	ress:			
Departme Select	ent Details— nt: 			
Preferred	Doctor:			
Appointme	ent Date:			
Preferred	Time:			
Co.	Symptoms: your issue.			

Submit Appointment

## ← Code Playground

<

HTML

TAB

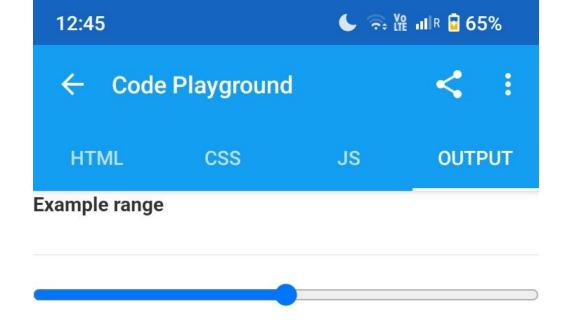
CSS

JS

OUTPUT

RUN **>** 

```
<!DOCTYPE html>
  <html>
    <head>
       <link rel="stylesheet"</pre>
  href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1
  /css/bootstrap.min.css">
      <script
  src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1
  /jquery.min.js"></script>
  src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js
  /bootstrap.min.js"></script>
    </head>
    <body>
8
      <label for="customRange1"</pre>
  class="form-label">Example range</label><hr>
      <input type="range" class="form-range"</pre>
  id="customRange1"><hr>
   </body>
  </html>
```



## ← Code Playground



HTML

TAB

CSS

JS

**OUTPUT** 

RUN **>** 

```
<!DOCTYPE html>
   <html>
2
        <head>
            <title>Page Title</title>
        </head>
        <body>
        <body>
        <form>
            Habies
               out type="checkbox"><br>
10
            Choose Color
            <input type="color"><br>
            DOB <input type="date"><br>
14
            Birth TIME
            <input type="datetime-local"><br>
            Email address
            <input type="email"><br>
           upload resume
            <input type="file"><br>
20
            <input type="hidden" value="secret">
21
            <br>
            <input type="email">
22
23
            <input type="file">
            <input type="hidden">
24
25
            <input type="image">
            <input type="month">
26
27
           <input type="number">
28
            <input type="password">
            <input type="radio">
29
30
            <input type="range">
            <input type="reset">
31
            <input type="search">
32
            <input type="submit">
33
            <input type="tel">
34
35
            <input type="text">
36
            <input type="time">
            <input type="url">
37
       </form>
38
39
   </body>
       </body>
40
   </html>
```

