

IT LAB ASSIGNMENT REPORT: 7

NAME: Kshitij Dhande

ROLL NO: 16CS8076

QUESTION 7:

Create a form comprised of the following:

i) First Name

ii) Last Name

iii) Username

iv) Password

v) Address (Office and Residential)

vi) Contact (Phone/Mobile) Number

After filling all the details, there should be a SUBMIT button, while clicking that button, all details will be stored. The request will be processed through the POST method.

CODE:

```
<!DOCTYPE html>
<html>
<head>
<title>Form</title>
</head>
<body style="text-align: center">
<form action="" method="post">
<label for="fname">First name:</label>
<input type="text" id="fname" name="fname" placeholder="First
Name" ><br/>

<br/>
<label for="lname">Last name:</label>
<input type="text" id="lname" name="lname"><br><br>
<label for="lname">Username:</label>
<input type="text" id="username" name="username"><br><br>
<label for="lname">Password:</label>
<input type="text" id="password" name="password"><br><br>
<label for="lname">Office Address:</label>
<input type="text" id="oaddr" name="oaddr"><br><br>
<label for="lname">Residential Address:</label>
<input type="text" id="raddr" name="raddr"><br><br>
<label for="lname">Contact Number:</label>
<input type="number" id="contact" name="contact"></br><br>
<input type="submit" value="Submit">
</form>
</body>
</html>
```

OUTPUT:

First name:	<input type="text" value="First Name"/>
Last name:	<input type="text"/>
Username:	<input type="text"/>
Password:	<input type="password"/>
Office Address:	<input type="text"/>
Residential Address:	<input type="text"/>
Contact Number:	<input type="text"/>
<input type="submit" value="Submit"/>	