

Assignment 1

Code

HTML

```
<!DOCTYPE html>
<html>
<head>
  <link rel="stylesheet" type="text/css" href="style.css">
</head>
<body>
  <h2>information Form:-</h2>
  <form>
    <label for="name">Name:</label>
    <input type="text" id="name" name="name"><br>

    <label for="email">Email:</label>
    <input type="email" id="email" name="email"><br>

    <label for="phone">Phone:</label>
    <input type="tel" id="phone" name="phone"><br>

    <label for="address">Address:</label>
    <input type="text" id="address" name="address"><br>

    <label for="address">Address:</label>
    <input type="text" id="address" name="address"><br>

    <label for="city">City:</label>
    <input type="text" id="city" name="city"><br>

    <label for="state">State:</label>
    <input type="text" id="state" name="state"><br>

    <label for="country">Country:</label>
    <input type="text" id="country" name="country"><br>

    <label for="zipcode">Zip Code:</label>
    <input type="text" id="zipcode" name="zipcode"><br>
    <label for="dob">Date of Birth:</label>
    <input type="date" id="dob" name="dob"><br>
    <label for="gender">Gender:</label>
    <select id="gender" name="gender">
```

```
<option value="male">Male</option>
<option value="female">Female</option>
<option value="other">Other</option>
</select><br>

<label for="newsletter">Subscribe to Us:</label>
<input type="checkbox" id="newsletter" name="newsletter"><br>
<label for="comments">Comments:</label>
<textarea id="comments" name="comments"></textarea><br>
<input type="submit" value="Submit">
</form>
</body>
</html>
```

CSS

```
body{
    background-color: yellow;
}
h2{
    background-color: green;
    display: flex;
    position: relative;
    text-align: center;
    justify-content: center;
    /* width: 100%; */
    height: 35px;
}
form {
    width: 400px;
    margin: 5px 2px;
    padding-top: 5px;
}
label {
    display: inline-block;
    width: 120px;
    margin-bottom: 10px;
}
input[type="text"],
input[type="email"],
input[type="tel"],
input[type="date"],
textarea {
    width: 200px;
```

```

padding: 5px;
margin-bottom: 10px;
}
select {
width: 220px;
padding: 5px;
margin-bottom: 10px;
}
input[type="submit"] {
width: 100px;
padding: 10px;
background-color: #4CAF50;
color: white;
border: none;
cursor: pointer;
}
input[type="submit"]:hover {
background-color: #45a049;
}

```

Output

```

1  <DOCTYPE html>
2  <html>
3  <head>
4    <link rel="stylesheet" type="text/css" href="style.css">
5  </head>
6  <body>
7    <h2>Information Form:</h2>
8    <form>
9      <label for="name">Name:</label>
10     <input type="text" id="name" name="name"><br>
11
12     <label for="email">Email:</label>
13     <input type="email" id="email" name="email"><br>
14
15     <label for="phone">Phone:</label>
16     <input type="text" id="phone" name="phone"><br>
17
18     <label for="address">Address:</label>
19     <input type="text" id="address" name="address"><br>
20
21     <label for="address">Address:</label>
22     <input type="text" id="address" name="address"><br>
23
24     <label for="city">City:</label>
25     <input type="text" id="city" name="city"><br>
26
27     <label for="state">State:</label>
28     <input type="text" id="state" name="state"><br>
29
30     <label for="country">Country:</label>
31     <input type="text" id="country" name="country"><br>
32
33     <label for="zipcode">Zip Code:</label>
34     <input type="text" id="zipcode" name="zipcode"><br>
35
36     <label for="dob">Date of Birth:</label>
37     <input type="date" id="dob" name="dob"><br>
38     <label for="gender">Gender:</label>
39     <select id="gender" name="gender">
40       <option value="male">Male</option>
41       <option value="female">Female</option>
42       <option value="other">Other</option>
43     </select><br>
44     <label for="newsletter">Subscribe to Mail:</label>
45     <input type="checkbox" id="newsletter" name="newsletter"><br>
46     <label for="comments">Comments:</label>
47     <textarea id="comments" name="comments"></textarea><br>
48     <input type="submit" value="Submit">
49   </form>
50 </body>
51 </html>

```

```
File Edit Selection View Go Run Terminal Help
style.css - Visual Studio Code
C:\Users\ASUS\Desktop> new form > # style.css > form
1 body{
2     background-color: yellow;
3 }
4
5 h2{
6     background-color: green;
7     display: flex;
8     position: relative;
9     text-align: center;
10    justify-content: center;
11    /* width: 100%; */
12    height: 35px;
13 }
14 form {
15     width: 400px;
16     margin: 5px 2px;
17     padding-top: 5px;
18 }
19 label {
20     display: inline-block;
21     width: 120px;
22     margin-bottom: 10px;
23 }
24 input[type="text"],
25 input[type="email"],
26 input[type="tel"],
27 input[type="date"],
28 textarea {
29     width: 200px;
30     padding: 5px;
31     margin-bottom: 10px;
32 }
33 select {
34     width: 220px;
35     padding: 5px;
36     margin-bottom: 10px;
37 }
38 input[type="submit"] {
39     width: 100px;
40     padding: 10px;
41     background-color: #4CAF50;
42     color: white;
43     border: none;
44     cursor: pointer;
45 }
46 input[type="submit"]:hover {
47     background-color: #45a049;
48 }
```

Output

file:///C:/Users/ASUS/Desktop/new form/form.html

Getting Started VL2021220103535_DA... newbie - Google Search Gmail YouTube Maps

information Form:-

Name:

Email:

Phone:

Address:


Address:

City:

State:

Country:

Zip Code:

Date of Birth: 

Gender:

Subscribe to Us: ☐

Comments: