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20BCE0218

ASSIGNMENT-1

Create a form with input fields and add css.

```
<!DOCTYPE html>
<html>
<head>
  <link rel="stylesheet" type="text/css" href="styles.css">
</head>
<body>

  <h2>CONTACT 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="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 Newsletter:</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: rgb(220, 139, 220);
}
h2{
  background-color: rgb(245, 245, 102);
  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

CONTACT FORM:-

Name:

Email:

Phone:


Address:


City:

State:

Country:

Zip Code:

Date of Birth: 

Gender: 

Subscribe to
Newsletter: ☐

Comments:

Submit