

assignment-24 (LOGIN FORM)

```
<!DOCTYPE html>
<html lang="en">

<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width,
initial-scale=1.0">
  <title>Forms Example</title>
  <style>
    body {
      margin: auto;
      width: 500px;
      font-family: Arial, sans-serif;
    }

    .forms-container {
      box-shadow: 0 4px 8px rgba(26, 26, 26, 0.3);
      padding: 20px 40px;
    }

    form {
      margin-bottom: 20px;
    }

    label {
      display: block;
      margin-bottom: 5px;
      font-weight: bold;
    }

    input[type="text"],
    input[type="password"],
    select,
    textarea {
      width: calc(100% - 22px);
      padding: 10px;
      margin-bottom: 10px;
      border: 1px solid #ccc;
      border-radius: 5px;
    }
```

```
input[type="submit"] {
    background-color: #4CAF50;
    color: white;
    padding: 10px 20px;
    border: none;
    border-radius: 5px;
    cursor: pointer;
}

input[type="submit"]:hover {
    background-color: #45a049;
}

.center {
    text-align: center;
}

.light-grey {
    color: #7f7e7e;
}

#loginForm label {
    padding: 4px;
}

#registrationForm label {
    padding: 4px;
}

#contactForm label {
    padding: 4px;
}

#subject {
    width: 100%;
}

</style>
</head>
```

<body>

```
<div class="forms-container">
  <h1 class="center">Forms Example</h1>
  <p class="light-grey">This page demonstrates various forms
and form elements:</p>
  <form id="loginForm">
    <h2>Login Form</h2>
    <label for="username">Username:</label>
    <input type="text" id="username" name="username">
    <label for="password">Password:</label>
    <input type="password" id="password" name="password">
    <input type="submit" value="Login">
  </form>
  <hr>
  <form id="registrationForm">
    <h2>Registration Form</h2>
    <label for="username_reg">Full Name:</label>
    <input type="text" id="username_reg"
name="username_reg">
    <label for="email">Email:</label>
    <input type="text" id="email" name="email">
    <label for="password_reg">Password:</label>
    <input type="password" id="password_reg"
name="password_reg">

    <label>Gender:</label>
    <input type="radio" id="male" name="gender"
value="male">
    <label for="male">Male</label>
    <input type="radio" id="female" name="gender"
value="female">
    <label for="female">Female</label>

    <input type="submit" value="Register">
  </form>

  <hr>

  <form id="contactForm">
    <h2>Contact Form</h2>
```

```

<label for="name">Name:</label>
<input type="text" id="name" name="name">
<label for="email">Email:</label>
<input type="text" id="email" name="email">
<label for="subject">Subject:</label>
<select id="subject" name="subject">
  <option value="" disabled selected>Select a
subject</option>
  <option value="general">General Inquiry</option>
  <option value="support">Technical Support</option>
  <option value="billing">Billing Issue</option>
</select>

<label for="message">Message:</label>
<textarea id="message" name="message"
rows="5"></textarea>
</form>

<form id="newsletterForm">
  <input type="checkbox" value="Send">
  <p style="font-weight: bold">Subscribe to
newsletter</p>
  <input type="submit" value="Send">
</form>
</div>
</body>
</html>

```