



## **Mini Project - 03**

**Bachelor of Computer Application  
Semester – IV**

**Sub: Full Stack Development**

**Topic: Travel Registration Form**

**By**

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## **INPUT:**

```
<html>
  <head>
    <title>Travel Registration</title>
    <style>
      legend{
        text-align: center;
      }
      form{
        text-align: center;
        border:1px solid black;
      }
      input{
        margin-left: 10px;
      }
      #i1{
        margin-left: 7px;
        width: 350px;
        margin-left: 60px;

      }
      #i2{

        width: 350px;
        margin-left: 100px;
      }
      #i3{
        margin-left: 15px;
        margin-left: 7px;
        width: 350px;
        margin-left: 60px;
      }
      #i4{
        width: 350px;
        margin-left: 80px;
      }
      #i5{
        margin-left: 15px;
        margin-left: 7px;
        width: 350px;
        margin-left: 60px;
      }
      button{
        margin-bottom: 10px;
      }
      #l1{
```

```

padding-right: 20px;

}
#l2{
width: 350px;
margin-left: -5px;
}
#o2{

margin-left: 7px;
width: 350px;
margin-left: 60px;

}
fieldset{
background: linear-gradient(to right, #5e008095, #845eff);
}
input{
box-shadow: 5px 5px 5px rgb(77, 77, 77);
}
button:hover{
background-color: rgba(255, 205, 205, 0);
}
button{
box-shadow: 1px 1px 1px rgb(77, 77, 77);
padding: 10px;
border-radius: 10px;
}
#g1{
padding-right: 100px;
}
img{
text-align: center;
width: 100px;
margin-bottom: 10px;
}

</style>
</head>
<body>
<form>
<fieldset><legend><b>Travel Reg Form</b></legend>
<br><br>
<select >
<option >-- Select --</option>


```

```
<option >Bus</option>
<option >Train</option>
<option >Flight</option>
<option >Ship</option>
</select>
<label>From:</label>
<input type="text" placeholder="Enter your from Destination" required>
<label>To:</label>
<input type="text" placeholder="Enter your to Destination" required><br><br>
<label id = "l1">Date of Travelling:</label>
<input type="date" id = "l2" required><br><br>
<label>First Name:</label>
<input id="i1" type="text" required><br><br>
<label> Last Name:</label>
<input type="text" id = "o2"><br><br>
<label id = "g1">Gender:</label>
Male<input type="radio" name="Gender" value="Male" required>
Female<input type="radio" name="Gender" value="Female" required>
Others<input type="radio" name="Gender" value="Others" required><br><br>
<label>Age:</label>
<input id="i2" type="number" required><br><br>
<label>Phone No:</label>
<input id="i3" type="number" required><br><br>
<label>E-mail:</label>
<input id="i4" type="text" required><br><br>
<label>Password:</label>
<input id="i5" type="password" required><br><br>
<button>Reg in</button>
<p>Forgot password?</p>
</fieldset>
</form>
<script>

</script>
</body>
</html>
```

## OUTPUT:

**Travel Reg. Form**



-- Select -- From:  To:

Date of Travelling: Please fill out this field.

First Name:

Last Name:

Gender: ☐ Male ☐ Female ☐ Others

Age:

Phone No:

E-mail:

Password:

[Forgot password?](#)