



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?