SMART BRIDGE -MODERN APPLICATION DEVELOPMENT

MARELLA GNANANVESH REDDY

20MIS0299

ASSIGNMENT-1

Code:

```html
<!DOCTYPE html>
<html>
<head>
  <style>
    /* CSS styling for the form */
    .form-container {
      max-width: 400px;
      margin: 0 auto;
    }

    .form-group {
      margin-bottom: 20px;
    }

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

    .form-group input[type="text"],
    .form-group input[type="email"],
    .form-group input[type="checkbox"] {
      width: 100%;
      padding: 10px;
      border: 1px solid #ccc;
      border-radius: 4px;
    }

    .form-group input[type="submit"] {
      background-color: #4CAF50;
      color: white;
      cursor: pointer;
    }
```

```html
    .form-group input[type="submit"]:hover {
      background-color: #45a049;
    }
  </style>
</head>
<body>
  <div class="form-container">
    <form>
      <div class="form-group">
        <label for="name">Name:</label>
        <input type="text" id="name" name="name" placeholder="Enter your
name">
      </div>

      <div class="form-group">
        <label for="age">Age:</label>
        <input type="text" id="age" name="age" placeholder="Enter your age">
      </div>

      <div class="form-group">
        <label for="email">Email:</label>
        <input type="email" id="email" name="email" placeholder="Enter your
email">
      </div>

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

      <div class="form-group">
        <label>Qualification:</label>
        <input type="checkbox" id="mtech" name="qualification" value="mtech">
        <label for="mtech">M.Tech</label>
        <input type="checkbox" id="btech" name="qualification" value="btech">
        <label for="btech">B.Tech</label>
        <input type="checkbox" id="intgmtech" name="qualification"
value="intgmtech">
        <label for="intgmtech">Integrated M.Tech</label>
      </div>

      <div class="form-group">
        <label for="college">College:</label>
        <input type="text" id="college" name="college" placeholder="Enter your
college">
```
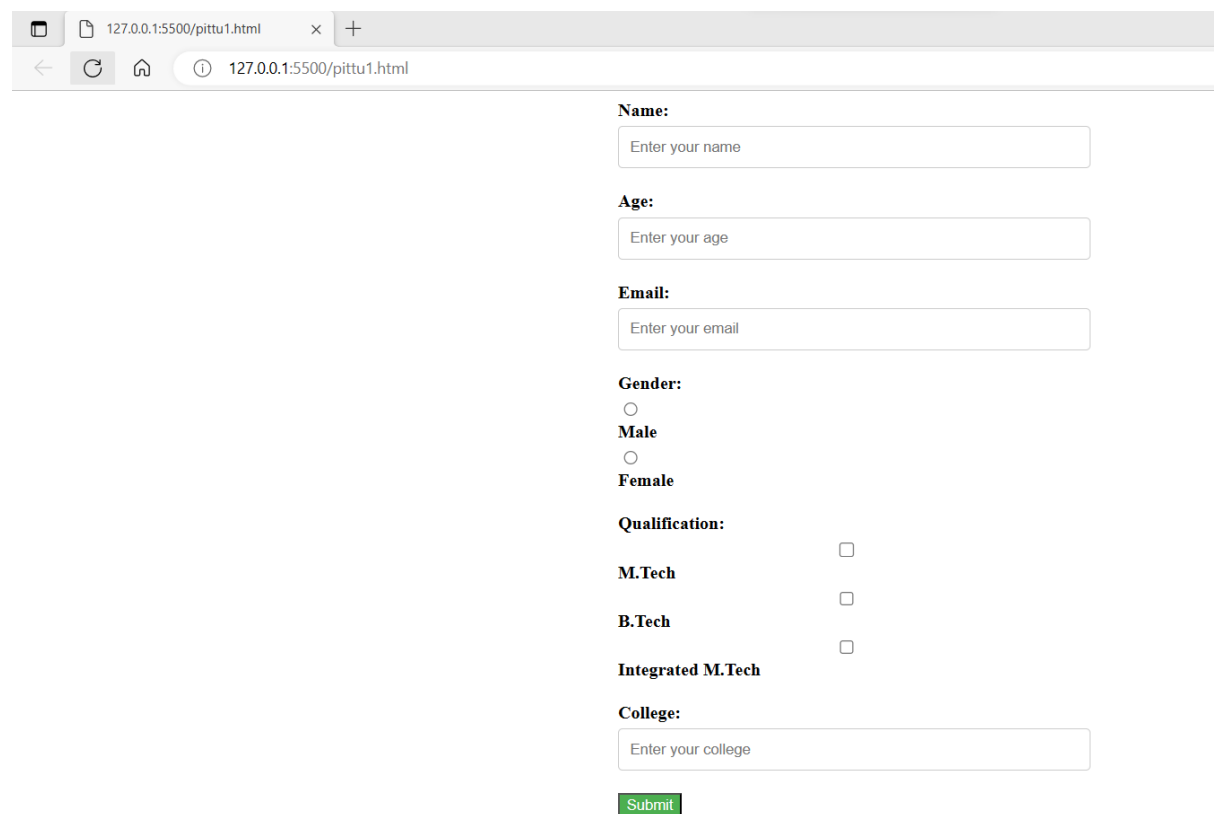
```
        </div>

        <div class="form-group">
          <input type="submit" value="Submit">
        </div>
      </form>
    </div>
  </body>
</html>
```

OUTPUT:

127.0.0.1:5500/pittu1.html

**Name:**
Enter your name

**Age:**
Enter your age

**Email:**
Enter your email

**Gender:**
○
**Male**
○
**Female**

**Qualification:**
☐
**M.Tech**
☐
**B.Tech**
☐
**Integrated M.Tech**

**College:**
Enter your college

Submit