Bahria University,

Karachi Campus



COURSE: CSC-110 COMPUTING FUNDAMENTALS

TERM: FALL 2020, CLASS: BSE- 1 (B)

Submitted By:

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(Name) (Reg. No.)

Submitted To:

Dr. Salahuddin / Engr. Saniya Sarim

Signed Remarks: Score:

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| --- | --- | --- | --- | --- |
| SNO | DATE | LAB NO | LAB OBJECTIVE | SIGN |
| 01 | 23-Oct-2020 | 05 | INTRODUCTION TO HTML 1 |  |
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LAB EXPERIMENT NO.

**5**

LIST OF TASKS

|  |  |
| --- | --- |
| TASK NO | OBJECTIVE |
| 1 | Create a registration form with the following fields using html   * + Name   + Father Name   + Username   + Password   + Email   + Field of interest   + Class   + Enrollment   + Date of birth   + Bio(use textarea)   Use buttons to register. |
|  |  |
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Submitted On:

Date: 28/10/2020

**Task No. 1:** **Create a registration form with the following fields using html**

* + **Name**
  + **Father Name**
  + **Username**
  + **Password**
  + **Email**
  + **Field of interest**
  + **Class**
  + **Enrollment**
  + **Date of birth**
  + **Bio(use textarea)**

**Use buttons to register.**

**Solution:**<!DOCTYPE html>

<html>

<head>

<title> Software Engineer </title>

</head>

<body>

<h1>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;REGISTRATION FORM </h1>

</body>

<body>

<form>

<table>

<tr>

<td>

<label for="name">Name :</label> </td>

<td>

<input type="text" name="name"></td></tr>

<tr>

<td>

<label for="fathername"> Father name : </label> </td>

<td>

<input type="text" name="fathername"> </td></tr>

<tr>

<td>

<label for="gender"> Gender : </label></td>

<td>

<input type="radio" name="gender">Male

<input type="radio" name="gender">Female

<input type="radio" name="gender">other

</td></tr>

<tr>

<tr>

<td>

<label for="username">Username :</label></td>

<td>

<input type="text" name="username"> </td></tr>

<tr>

<td>

<label for="password"> Password :</label></td>

<td>

<input type="password" name="password"></td></tr>

<tr>

<td>

<label for="phone"> Phone no :</label></td>

<td>

<select>

<option>+43</option>

<option>+11</option>

<option>+92</option>

<option>+91</option>

</select>

<input type="text" placeholder="ex:0316" name="phone">

</td></tr>

<tr>

<td>

<label for="email"> Email : </label> </td>

<td>

<input type="email" name="email"></td></tr>

<tr>

<td>

<label for="field of interest">Field Of Inerest :</label></td>

<td>

<input type="text" name="field of interest"></td></tr>

<tr>

<td>

<label for="class">Class :</label></td>

<td>

<input type="text" name="class"></td></tr>

<tr>

<tr>

<td>

<label for="course"> Select Course :</label></td>

<td>

<input type="checkbox" name="">Physics

<input type="checkbox" name="">Computer Fundamentals

<input type="checkbox" name="">Computer Programming

<input type="checkbox" name="">Calculus

</td></tr>

<td>

<label for="Enrollment">Enrollment :</label></td>

<td>

<input type="number" name="Enrollment"> </td></tr>

<tr>

<td>

<label for="Date of Birth"> Date of Birth :</label></td>

<td>

<input type="date" name="Date of Birth"></td></tr>

<tr>

<td>

<label for="Bio"> Bio :</label></td>

<td>

<textarea name="Bio" ></textarea></td></tr>

<tr>

<td>

<input type="submit" name=""></center></td>

</table>

</form>

</body>

</html>

**Output:**