SmartBridge

Modern Application Development (Java Spring Boot)

Week-1 Assignment

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HTML CSS Document

```html
<!DOCTYPE html>
<html>

<head>
    <title>Form Example</title>
    <style>
        /* CSS Styling for the Form */
        .page {
            width: 98vw;
            height: 90vh;
            display: flex;
            justify-content: center;
            align-items: center;
        }

        .container {
            width: 400px;
            margin: 0 auto;
            border-radius: 4px;
            border: 1px solid #ccc;
            padding: 20px;
        }

        .form-group {
            margin-top: 10px;
            margin-bottom: 15px;
        }

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

        .form-group input {
            width: 96%;
            padding: 8px;
            font-size: 16px;
            border-radius: 4px;
            border: 1px solid #ccc;
        }

        .form-group input[type="submit"] {
            width: 100%;
            background-color: #4CAF50;
            color: white;
            cursor: pointer;
```

```
                }

        .form-group input[type="submit"]:hover {
            background-color: #45a049;
        }
    </style>
</head>

<body>
    <div class="page">
        <div class="container">
            <h1>Fill in the details:</h1><br>
            <form>
                <div class="form-group">
                    <label for="fname">First Name:</label>
                    <input type="text" id="fname" name="fname" required>
                </div>

                <div class="form-group">
                    <label for="lname">Last Name:</label>
                    <input type="text" id="lname" name="lname" required>
                </div>

                <div class="form-group">
                    <label for="email">Email Address:</label>
                    <input type="email" id="email" name="email" required>
                </div>

                <div class="form-group">
                    <label for="phone">Phone Number:</label>
                    <input type="tel" id="phone" name="phone" required>
                </div><br>

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

</html>
```

Output:

Fill in the details:

First Name:

Last Name:

Email Address:

Phone Number:

Submit