## **SMARTBRIDGE EXTERNSHIP**

# Modern Application Development (Java Spring Boot)

### **ASSIGNMENT-1**

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Q) Create one form with input and apply CSS for that

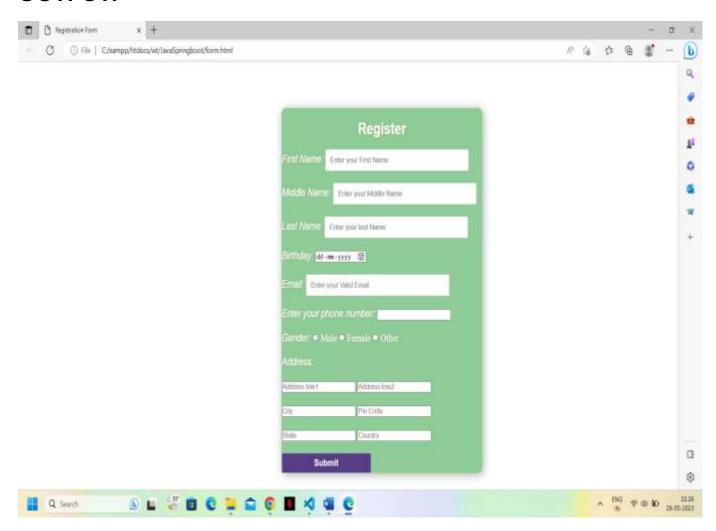
#### CODE:

```
<!DOCTYPE html>
   <head>
       <title>Registration Form</title>
       <style>
            *{
           margin: 0;
           padding: 0;
           body{
           background-size:300%;
           background-position:-400px 10px;
           div.main{
           width:300px;
           margin:80px auto 0px auto;
          h2{
           text-align:center;
           padding:20px;
           font-family:sans-serif;
          div.register{
           background-color:rgba(30, 153, 49, 0.5);
           width:150%;
           font-size: 18px;
           border-radius: 10px;
           border: 1px solid rgba(255,255,255,0.3);
           box-shadow:2px 2px 15px
           rgba(0,0,0,0.3);
            color:#fff;
```

```
form#register{
        margin: 40px;
       label{
        font-family: sans-serif;
        font-size:18px;
        font-style: italic;
      input#name{
        width: 300px;
        border:1px solid #ddd;
        border-radius: 3px;
        outline:0;
        padding:10px;
        background-color: #fff;
        box-shadow:insert 0px 1px 5px
        rgba(0,0,0,0.3);
      input#submit{
        width: 200px;
        padding: 7px;
        font-size:16px;
        font-family: sans-serif;
        font-weight:600;
        border:none;
        border-radius:3px;
        background-color:rgba(72, 25, 130, 0.8);
        color: #fff;
        cursor:pointer;
        border:1px solid
        rgba(255, 255, 255, 0.3);
        box-shadow:insert 1px 1px 5px
        rgba(0,0,0,0.3);
        margin bottom: 20px;
      label,span,h2{
       text-shadow: 1px 1px 5px
        rgba(202, 95, 28, 0.3);
    </style>
</head>
<body>
    <div class="main">
        <div class="register">
         <h2>Register</h2>
```

```
<form id="Register" method="post">
                 <label>First Name: </label>
                 <input type="text" name="fname"</pre>
                 id="name" placeholder="Enter your First Name">
                 <br><br><br>
                 <label>Middle Name:</label>
                 <input type="text" name="mname"</pre>
                 id="name" placeholder="Enter your Middle Name">
                 <br><br><br><
                 <label>Last Name:</label>
                 <input type="text" name="lname"</pre>
                 id="name" placeholder="Enter your last Name">
                 <br><br><br>
                 <label for="Date of Birth: ">Birthday:</label>
                 <input type="date" id="birthday" name="birthday">
                 <br><br><br>
                 <label>Email:</label>
                 <input type="email" name="email"</pre>
                 id="name" placeholder="Enter your Valid Email">
                 <label for="phone">Enter your phone number:</label>
                 <input type="tel" id="phone" name="phone" pattern="[0-9]{3}-</pre>
[0-9]{2}-[0-9]{3}">
                 <br><br><br>
                 <label> Gender: </label>
                 <input type="radio" name="gender" id="male" >
                 <span id="male">Male</span>
                 <input type="radio" name="gender" id="female" >
                 <span id="male">Female</span>
                 <input type="radio" name="gender" id="Other" >
                 <span id="male">Other</span>
                 <br><br><br>
                 <label> Address: </label>
                 <br><br><br>
                 <input type="check box" name="Address line1" id="Address</pre>
line1" placeholder="Address line1">
                 <input type="check box" name="Address line2" id="Address</pre>
line2" placeholder="Address line2">
                 <br><br><br>
                 <input type="check box" name="City" id="City"</pre>
placeholder="City">
                 <input type="check box" name="Pin Code" id="Pin Code"</pre>
placeholder="Pin Code">
                 <input type="check box" name="State" id="State"</pre>
placeholder="State">
                 <input type="check box" name="Country" id="Country"</pre>
placeholder="Country">
```

## **OUTPUT:**



Register
First Name: Enter your First Name
Middle Name: Enter your Middle Name
Last Name: Enter your last Name
Birthday: dd-mm-yyyy □
Email: Enter your Valid Email
Enter your phone number:
<i>Gender</i> : ● Male ● Female ● Other
Address:
Address line1 Address line2
City Pin Code
State Country
Submit