SMARTBRIDGE EXTERNSHIP

Modern Application Development (Java Spring Boot)

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ASSIGNMENT-1

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

CODE:

```
<!DOCTYPE html>
<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(17, 2, 2, 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(250,100,0,0.8);
        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(0,0,0,0.3);
    </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>Languages Known: </label>
                 <input type="checkbox" name="language" id="Telugu">
                 <span id="Telugu">Telugu</span>
                 <input type="checkbox" name="language" id="English">
                 <span id="English">English</span>
                 <input type="checkbox" name="language" id="Hindi">
                 <span id="Hindi">Hindi</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">
                  <br><br><br>
                  <input type="check box" name="State" id="State"</pre>
placeholder="State">
                  <input type="check box" name="Country" id="Country"</pre>
placeholder="Country">
                 <br><br><br></pr>
                  <input type ="submit" value="Submit" name="submit"</pre>
id="submit">
               </form>
             </div>
        </div> </body>
</html>
```

OUTPUT:



Register
First Name: Vedha
Middle Name: Samhitha
Last Name: Chava
Birthday: <mark>08-07-2002 </mark>
Email: samhitha.20bce7201@gmail.com
Enter your phone number: 8790914842
<i>Gender:</i> ● Male ○ Female ● Other
Languages Known: ✓ Telugu ✓ English ■ Hindi
Address:
Kambhampadu Vatsavai Mandal
Krishna District 521402
Andhra Pradesh India
Submit