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:

```html
<!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;
            }
```

```css
   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>
```

```html
<form id="Register" method="post">
    <label>First Name: </label>
    <input type="text" name="fname"
    id="name" placeholder="Enter your First Name">
    <br><br>
    <label>Middle Name:</label>
    <input type="text" name="mname"
    id="name" placeholder="Enter your Middle Name">
    <br><br>
    <label>Last Name:</label>
    <input type="text" name="lname"
    id="name" placeholder="Enter your last Name">
    <br><br>
    <label for="Date of Birth: ">Birthday:</label>
    <input type="date" id="birthday" name="birthday">
    <br><br>
    <label>Email:</label>
    <input type="email" name="email"
    id="name" placeholder="Enter your Valid Email">
    <br><br>
    <label for="phone">Enter your phone number:</label>
    <input type="tel" id="phone" name="phone" pattern="[0-9]{3}-
[0-9]{2}-[0-9]{3}">
    <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>
    <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>
    <label> Address: </label>
    <br><br>
    <input type="check box" name="Address line1" id="Address
line1" placeholder="Address line1">
    <input type="check box" name="Address line2" id="Address
line2" placeholder="Address line2">
    <br><br>
```

```
                    <input type="check box" name="City" id="City"
placeholder="City">
                    <input type="check box" name="Pin Code" id="Pin Code"
placeholder="Pin Code">
                    <br><br>
                    <input type="check box" name="State" id="State"
placeholder="State">
                    <input type="check box" name="Country" id="Country"
placeholder="Country">
                    <br><br>
                    <input type ="submit" value="Submit" name="submit"
id="submit">
                </form>
            </div>
        </div>      </body>
</html>
```

OUTPUT:

Register

First Name: Vedha

Middle Name: Samhitha

Last Name: Chava

Birthday: 08 - 07 - 2002 📅

Email: samhitha.20bce7201@gmail.com

Enter your phone number: 8790914842

Gender: ● Male ○ Female ● Other

Languages Known: ✓ Telugu ✓ English ■ Hindi

Address:

Kambhampadu	Vatsavai Mandal
Krishna District	521402
Andhra Pradesh	India

Submit