Bangalore Institute of Technology

Department of Computer Science and Engineering

Web Technology Laboratory (BCSL504)

Week 4

Lab program 4

4. Develop HTML page named as "registration.html" having variety of HTML input elements with background colors, table for alignment & provide font colors & size using CSS styles.

```
<!DOCTYPE html>
<html>
<head>
<title>Registration Form</title>
<style>
       body {
              font-family: Arial, sans-serif;
               background-color: #f0f0f0;
              margin: 0;
              padding: 20px;
       h1 { color: #333;
              text-align: center;
       table {
               width: 100%;
               max-width: 600px;
               margin: 0 auto;
               background-color: #fff;
               padding: 20px;
               border-radius: 8px;
               box-shadow: 0.010px rgba(0,0,0,0.1);
        td {
               padding: 10px;
        label {
              color: #555;
               font-weight: bold;
       input[type="text"],
       input[type="email"],
       input[type="password"],
       select, textarea {
```

```
width: 100%;
                   padding: 8px;
                   border: 1px solid #ddd;
                   border-radius: 4px;
                   box-sizing: border-box;
                   font-size: 16px;
      input[type="radio"],
      input[type="checkbox"]
            margin-right: 5px;
      input[type="submit"]
              background-color: #4CAF50;
             color: white;
             padding: 10px 20px;
             border: none;
             border-radius: 4px;
             cursor: pointer;
             font-size: 18px;
      input[type="submit"]
      :hover { background-color: #45a049; }
      .error { color: #ff0000; font-size: 14px; }
</style>
</head>
<body>
      <h1>Registration Form</h1>
      <form action="#" method="post">
             <label for="fullname">Full Name:</label>
                   <input type="text" id="fullname" name="fullname"
                   required>
            <label for="email">Email:</label>
                  <input type="email" id="email" name="email"
                   required>
            <label for="password">Password:</label>
                   <input type="password" id="password" name="password"
            required>
```

```
<label for="confirm_password">Confirm
                   Password:</label>
             <input type="password" id="confirm_password"
                   name="confirm_password" required>
      <label>Gender:</label>
      <input type="radio" id="male" name="gender" value="male"
      required>
             <label for="male">Male</label>
             <input type="radio" id="female" name="gender"</pre>
      value="female" required>
             <label for="female">Female</label>
           <input type="radio" id="other" name="gender" value="other"
             required>
         <label for="other">Other</label>
       <label for="birthdate">Date of Birth:</label>
<input type="date" id="birthdate" name="birthdate"
required>
     \langle tr \rangle
             <label for="country">Country:</label>
            <select id="country" name="country" required>
                                    value="">Select
                                                            country</option>
                          <option
                                                       a
                          <option value="usa">India</option>
                          <option
                                    value="uk">United
                                                          Kingdom</option>
                          <option value="canada">Canada</option>
                          <option
                                          value="australia">Australia</option>
                          <option value="other">Other</option>
                   </select>
             <label for="interests">Interests:</label>
             <input type="checkbox" id="sports"</pre>
                   name="interests[]" value="sports">
                   <label for="sports">Sports</label>
                   <input type="checkbox" id="music" name="interests[]"</pre>
                          value="music">
                 <label for="music">Music</label>
```

```
<input type="checkbox" id="reading" name="interests[]"</pre>
                     value="reading">
                   <label for="reading">Reading</label>
                    <input type="checkbox" id="travel"</pre>
                     name="interests[]" value="travel">
              <label for="travel">Travel</label>
                <label for="bio">Bio:</label>
                "bio"
                                    name="bio" rows="4"></textarea>
          <input type="submit" value="Register">
                </form>
     </body>
</html>
```