

TMTBCA College

<!--

Name : Sojitra khushi hareshbhai

Roll No. : 64

Div :A

-->

HTML code

<html>

<head>

<title> STUDENT REGISTRATION FORM </title>

<!--Bootstrap-->

<link type="text/css" rel="stylesheet" href="css/bootstrap.min.css" >

<!--Custom stylesheet -->

<link type="text/css" rel="stylesheet" href="css/prestd.css">

</head>

<body class="student" >

<form method="POST" name="frmstdregistration"
action="frmsubmit.html">

TMTBCA College

```
<div class="container formcls">
  <div class="row">
    <div class="col-sm-12 form-group">
      <h2 class="headercls"> STUDENT REGISTRATION FORM </h2>
    </div>
  </div>

  <div class="row">
    <div class="col-sm-6 form-group">
      <input class="form-control" type="text" id="txtname"
placeholder="First name" required>
    </div>
    <div class="col-sm-6 form-group">
      <input class="form-control" type="text" id="txtname"
placeholder="Last name" required>
    </div>
  </div>

  <div class="row">
    <div class="col-sm-12 form-group">
      <input class="form-control" type="address" id="txtaddress"
placeholder="Address" required >
    </div>
  </div>

  <div class="row">
    <div class="col-sm-12 form-group form-check-inline">
```

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```

        <label class="form-check-label" style="margin-left:20px;">
Gender:
        <input type="radio" name="Gender" class="form-check-
input">Male
        <input type="radio" name="Gender" class="form-check-
input">Female
        <input type="radio" name="Gender" class="form-check-
input">Other
    </label>
</div>
</div>
<div class="row">
    <div class="col-sm-6 form-group">
        <select class="form-control">
            <option> State </option>
            <option> Gujarat </option>
            <option> Maharashtra </option>
            <option> Madhyapradesh </option>
            <option> Karnatak </option>
            <option> Keral </option>
            <option> Asam </option>
        </select>
    </div>
    <div class="col-sm-6 form-group">
        <select class="form-control">
            <option> City </option>
            <option> Surat </option>

```

TMTBCA College

<option> Rajkot </option>

<option> Vadodara </option>

<option> Ahmedabad </option>

<option> Pune </option>

</select>

</div>

</div>

<div class="row">

<div class="col-sm-12 form-group">

<input class="form-control" type="text" id="pincode" value="" placeholder="Pincode" required>

</div>

</div>

<div class="row">

<div class="col-sm-12 form-group">

<input class="form-control" type="text" id="txtcourse" value="" placeholder="Course" required>

</div>

</div>

<div class="row">

<div class="col-sm-12 form-group">

<input class="form-control" type="text" id="txtemail" value="" placeholder="Email ID" required>

</div>

</div>

<div class="row">

TMTBCA College

```
<div class="col-sm-4 form-group">
  <center>
    <button class="mybtn"> RESET ALL</button>
  </center>
</div>
<div class="col-sm-4 form-group">
  <center>
    <button class="mybtn1"> SUBMIT FORM </button>
  </center>
</div>

</div>

</body>

</html>
```

CSS File

```
.student{
  background-color: white;
```

```
}
```

```
.formcls{
```

```
width: 500px;
```

```
height: 600px;
```

```
padding: 10px;
```

```
background-color:white;
```

```
}
```

```
.headercls{
```

```
text-align: center;
```

```
margin-top: 40px;
```

```
background-color: white;
```

```
color: blue;
```

```
}
```

```
.mybtn{
```

```
margin-left: 130px;
```

```
width: 100px;
```

```
border-block-end-width: 2px;
```

```
}
```

```
.mybtn1{
```

```
margin-left: 90px;
```

```
width: 120px;
```

```
background-color: darkorange;
```

```
border-block-end-width: 2px;
```

TMTBCA College

}

OUTPUT

The screenshot displays a web browser window with multiple tabs. The active tab is titled 'STUDENT REGISTRATION FORM'. The browser's address bar shows the file path 'C:/bootstrap-4.6.0-dist/practical-IV(1).html'. The form itself is titled 'STUDENT REGISTRATION FORM' in blue text. It contains several input fields: 'First name', 'Last name', 'Address', 'State', 'City', 'Pincode', 'Course', and 'Email ID'. There are also radio buttons for 'Gender' with options 'Male', 'Female', and 'Other'. At the bottom of the form, there are two buttons: 'RESET ALL' and 'SUBMIT FORM'. The Windows taskbar is visible at the bottom of the screen, showing various application icons and the system clock indicating 20:38 on 04-08-2021.

WhatsApp x STUDENT REGISTRATION FORM x EVENT REGISTRATION FORM x Contact Us x BOOK A CAR x +

File | C:/bootstrap-4.6.0-dist/practical-IV(1).html

STUDENT REGISTRATION FORM

First name Last name

Address

Gender: ☐ Male ☐ Female ☐ Other

State City

Pincode

Course

Email ID

RESET ALL SUBMIT FORM

Type here to search

30°C 20:38 04-08-2021

TMTBCA College

<!--

Name : Sojitra Khushi Hareshbhai

Roll No. : 64

Div : A

-->

HTML Code

<html>

<head>

<title> EVENT REGISTRATION FORM</title>

<!--Bootstrap-->

<link type="text/css" rel="stylesheet" href="css/bootstrap.min.css">

<!--Custom stylesheet-->

<link type="text/css" rel="stylesheet" href="css/event.css">

</head>

<body class="event">

<form method="POST" name="frmevereregistration"
action="frmsubmit.html">

<div class="container formcls">

TMTBCA College

```
<div class="row">
  <div class="col-sm-12 form-group headercls">
    <h1 > EVENT REGISTRATION FORM </h1>
  </div>
</div>
<div class="row ">
  <div style="padding-top: 25px;" class="control-label col-sm-2 form-
group" for="name"> Name </div>
  <div class="col-sm-5 form-group" style="padding-top: 25px;">
    <input class="form-control" type="text" id="txtname" required>
    <label for="txtname" class="label"> First Name </label>
  </div>
  <div class="col-sm-5 form-group" style="padding-top: 25px;">
    <input class="form-control" type="text" id="txtname" required>
    <label for="txtname" class="label"> Last Name </label>
  </div>
</div>
<div class="row">
  <div class="control-label col-sm-2 form-group" for="company">
Company </div>
  <div class="col-sm-10 form-group" style="padding-bottom: 5px;">
    <input class="form-control" type="text" id="txtcompany"
required>
  </div>
</div>
<div class="row ">
```

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```
<div style="padding-top: 20px;" class="control-label col-sm-2 form-group " for="Email"> Email </div>
```

```
<div class="col-sm-10 form-group" style="padding-top: 20px;">
```

```
<input class="form-control" type="Email" id="txtmail" required>
```

```
</div>
```

```
</div>
```

```
<div class="row">
```

```
<div class="control-label col-sm-2 form-group" style="padding-top: 25px;" for="Phone"> Phone </div>
```

```
<div class="col-sm-3 form-group" style="padding-top: 25px;">
```

```
<input class="form-control" type="tel" id="txtareacode" required>
```

```
<label for="txtcode" class="label"> Area Code </label>
```

```
</div>
```

```
<div class="col-sm-7 form-group" style="padding-top: 25px;">
```

```
<input class="form-control" type="tel" id="phone" required>
```

```
<label for="phonenumber" class="label"> Phone Number  
</label>
```

```
</div>
```

```
</div>
```

```
<div class="row ">
```

```
<div class="control-label col-sm-2 form-group" for="subject">  
Subject </div>
```

```
<div class="col-sm-10 form-group">
```

```
<select class="form-control">
```

```
<option> Choose Options </option>
```

```
<option> Gujarat </option>
```

```
<option> mumbai</option>
```

TMTBCA College

```
        </select>

    </div>
</div>
<div class="row">
    <div class="col-sm-8 form-group form-check-inline" style="padding-top: 15px;">
        <label class="form-check-label" style="margin-left: 20px;"> Are
you an existing customer :
        <input type="radio" name="gender" class="form-check-input">
YES
        <input type="radio" name="gender" class="form-check-input">
NO
    </label>
    </div>
</div>
<div class="row">
    <div class="col-sm-4 form-group" style="padding-top: 20px;">
        <button class="btn"> REGISTER </button>
    </div>
</div>
</div>

</form>

</body>
</html>
```

CSS File

```
.event{  
    background-color: darkcyan;  
    background-image: url('../img/shade2.jpg');  
}  
  
.headercls{  
    background-color: black;  
    text-align: center;  
    color:white;  
    font-family: 'Times New Roman', Times, serif ;  
    text-shadow: darkturquoise;  
}  
  
.formcls{  
    width: 600px;  
    background-color: white;  
    margin-top: 30px;  
}  
  
.label{  
    color: grey;  
  
}
```

TMTBCA College

```
.lab1{  
    font-style: bold;  
}
```

```
.control-label{  
    padding-right: 30px;  
}
```

```
.btn{  
    width: 100px;  
    background-image: url('../img/R.jfif');  
}
```

OUTPUT

The screenshot displays a web browser window with multiple tabs. The active tab is titled 'EVENT REGISTRATION FORM'. The browser's address bar shows the file path 'C:/bootstrap-4.6.0-dist/practical-IV(2).html'. The webpage features a vibrant blue and purple gradient background. Centered on the page is a white rectangular box containing the registration form. The form is titled 'EVENT REGISTRATION FORM' in a black header. It includes the following fields: 'Name' (split into 'First Name' and 'Last Name'), 'Company', 'Email', 'Phone' (split into 'Area Code' and 'Phone Number'), and 'Subject' (a dropdown menu with 'Choose Options' selected). Below these fields is a question 'Are you an existing customer : YES NO' with radio buttons. At the bottom of the form is a yellow 'REGISTER' button. The Windows taskbar is visible at the bottom of the screen, showing the search bar, task view button, and several application icons.

TMTBCA College

<!--

Name : Sojitra Khushi Hareshbhai

Roll No. : 64

Div : A

-->

HTML Code

<html>

<head>

<title> Contact Us </title>

<!--Bootstrap-->

<link type="text/css" rel="stylesheet" href="css/bootstrap.min.css" >

<!--Custom stylesheet -->

<link type="text/css" rel="stylesheet" href="css/cont.css">

</head>

<body class="contact" >

<form method="POST" name="frmstdregistration"
action="frmsubmit.html">

<div class="container formcls">

<div class="row">

TMTBCA College

```
<div class="col-sm-8 form-group">
  <h2 class="headercls" style="padding-top: 30px;"> Contact Us
</h2>

  <div class="row" style="padding-top: 25px;">
    <div class="col-sm-6 form-group">
      <label for="txtname" class="label"> FULL NAME </label>
      <input class="form-control" type="text" id="txtname"
placeholder="Name" required>
    </div>
    <div class="col-sm-6 form-group">
      <label for="txtname" class="label"> EMAIL ADDRESS </label>
      <input class="form-control" type="text" id="txtname"
placeholder="Email" required>
    </div>
  </div>

  <label for="txtsub" class="label" style="padding-top: 20px;">
SUBJECT </label>
  <input class="form-control" type="text" id="txtsubject"
placeholder="Subject" required >

  <label for="txtmsg" class="label1" style="padding-top: 20px;">
MESSAGE </label>

  <textarea name="txtmsg" rows="5" cols="100" ></textarea>
```

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<button class="btncls btn btn-primary"> Send Message </button>

</div>

<div class="col-sm-4">

</div>

</div>

</div>

</form>

<div class="row">

<div class="col-sm-3">

<p class="p">

 Address : 1998 West 21th Street,

Suite 721 New York NY 10016

</p>

</div>

<div class="col-sm-3">

<p class="p1">

 Phone : + 1235 2355 98

TMTBCA College

```
</p>
</div>
<div class="col-sm-3">
  
  <p class="p2">
    <b> Email</b>: info@yoursite.com
  </p>
</div>
<div class="col-sm-3">
  
  <p class="p3">
    <b> Website</b>: Yoursite.com
  </p>
</div>

</div>

</body>

</html>
```

CSS File

```
.contact{}
.headercls{
  font-size: 40px;
```

```
}
```

```
.formcls{  
    background-color:rgb(245, 175, 196);  
    margin-top: 30px;
```

```
}
```

```
.imgcls{  
    height: 600px;  
    width: 400px;  
}
```

```
.btncls{  
    margin-top: 30px;  
}
```

```
.img1{  
    height: 50px;  
    width: 50px;  
    margin-left: 300px;  
    margin-top: 20px;  
}
```

```
.p{
```

```
margin-left: 200px;  
margin-top: 20px;  
width: 250px;  
}
```

```
.img2{  
    height: 50px;  
    width: 50px;  
    margin-left: 200px ;  
    margin-top: 20px;  
}
```

```
.p1{  
    margin-top: 20px;  
    margin-left: 130px;  
}
```

```
.img3{  
    height: 50px;  
    width: 50px;  
    margin-top: 20px;  
    margin-left: 100px;  
}
```

```
.p2{  
    margin-top: 20px;  
    margin-left: 50px;
```

TMTBCA College

```
}
```

```
.img4{
```

```
    height: 50px;
```

```
    width:50px;
```

```
    margin-top: 20px;
```

```
    margin-left: 40px;
```

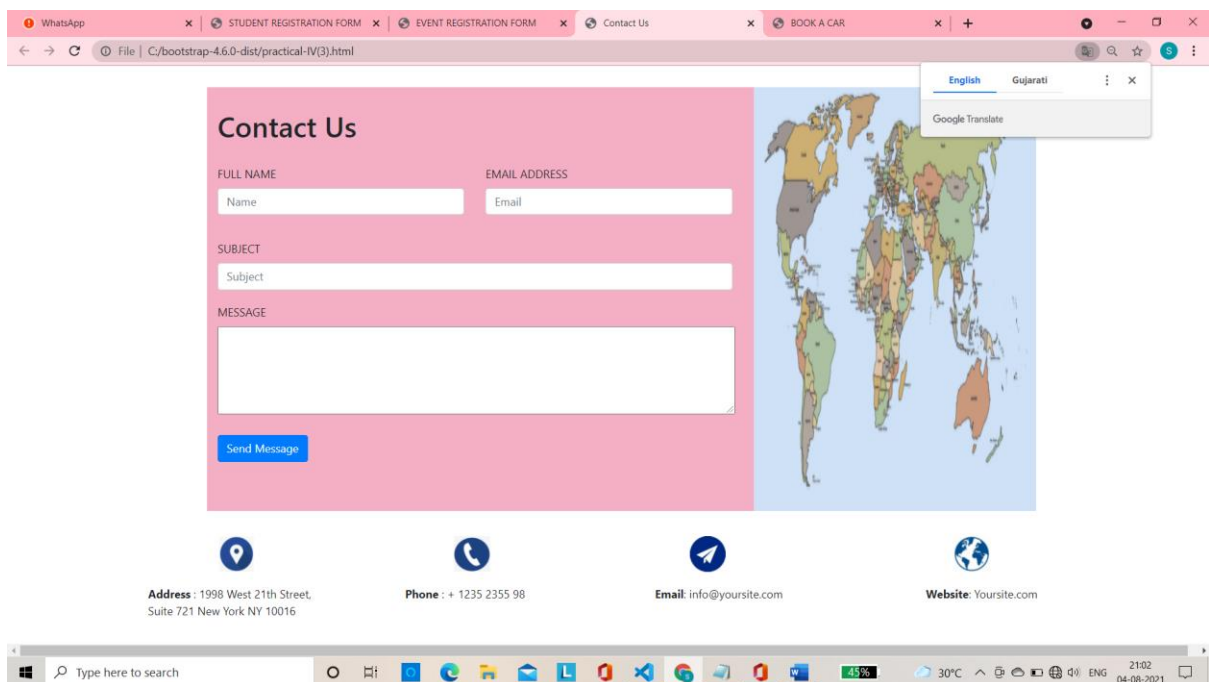
```
}
```

```
.p3{
```

```
    margin-top: 20px;
```

```
}
```

OUTPUT



TMTBCA College

<!--

Name : Sojitra Khushi Hareshbhai

Roll NO. : 64

Div : A

-->

HTML Code

<html>

<head>

<title> BOOK A CAR </title>

<!--Bootstrap-->

<link type="text/css" rel="stylesheet" href="css/bootstrap.min.css">

<!--Custom stylesheet-->

<link type="text/css" rel="stylesheet" href="css/book.css">

</head>

<body>

<form method="POST" name="frmstdregistration"
action="frmsubmit.html">

<div class="container formcls">

TMTBCA College

```
<div class="row">
  <div class="col-sm-12 form-group">
    <h1 class="headercls"> BOOK A CAR </h1>
  </div>
</div>
<div class="row">
  <div class="col-sm-6 form-group">

    <div class="row">
      <div class="col-sm-12 form-group">
        
      </div>
    </div>
  </div>
  <div class="col-sm-6 form-group">
    <div class="row">
      <div class="col-sm-12 ">
        <label for="txtname" class="label"> NAME </label>
        <input class="form-control " type="text" id="txtname"
placeholder="Enter your name" required>
      </div>
    </div>
  </div>
  <div class="row">
    <div class="col-sm-12 ">
      <label for="txtemail" class="label"> EMAIL </label>
      <input class="form-control" type="email" id="txtemail"
placeholder="Enter your email" required>
```

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```
        </div>
    </div>
    <div class="row">
        <div class="col-sm-12 ">
            <label for="txtphone" class="label"> PHONE </label>
            <input class="form-control" type="tel" id="txtphone"
placeholder="Enter your phone number" required>
        </div>
    </div>
    <div class="row">
        <div class="col-sm-12">
            <label for="txtlocation" class="label"> PICKUP LOCATION
</label>
            <input class="form-control" type="text" id="txtlocation"
placeholder="Enter ZIP/Location" required>
        </div>
    </div>
    <div class="row">
        <div class="col-sm-12">
            <label for="txtlocation" class="label"> DESTINATION </label>
            <input class="form-control" type="text" id="txtlocation"
placeholder="Enter ZIP/Location" required>
        </div>
    </div>
    <div class="row">
        <div class="col-sm-12">
            <label for="txtdate" class="label"> PICKUP DATE </label>
```

TMTBCA College

```
        <input class="form-control" type="date" id="txtlocation"
placeholder="mm/dd/yyyy" required>
```

```
    </div>
```

```
</div>
```

```
<div class="row">
```

```
    <div class="col-sm-4 form-group">
```

```
        <label for="txthour" class="label"> HOUR </label>
```

```
        <select class="form-control">
```

```
            <option> 1 </option>
```

```
            <option> 2 </option>
```

```
            <option> 3 </option>
```

```
            <option> 4 </option>
```

```
            <option> 5 </option>
```

```
            <option> 6 </option>
```

```
            <option> 7 </option>
```

```
            <option> 8 </option>
```

```
            <option> 9 </option>
```

```
            <option> 10 </option>
```

```
        </select>
```

```
    </div>
```

```
    <div class="col-sm-4 form-group">
```

```
        <label for="txtmin" class="label"> MIN </label>
```

```
        <select class="form-control">
```

```
            <option> 05 </option>
```

```
            <option> 10 </option>
```

```
            <option> 15 </option>
```


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```
<option> 20 </option>
<option> 25 </option>
<option> 30 </option>
<option> 35 </option>
<option> 40 </option>
<option> 45 </option>
<option> 50 </option>
<option> 55 </option>
<option> 60 </option>
</select>
</div>
<div class="col-sm-4 form-group">
  <label for="txttime" class="label"> AM/PM </label>
  <select class="form-control">
    <option> AM </option>
    <option> PM </option>
  </select>
</div>
</div>
<div class="row">
  <div class="col-sm-12 form-group ">
    <button type="button" class="form-control btn btn-success
"> Book Now </button>
  </div>
</div>
<div class="row">
```

TMTBCA College

```
<div class="col-sm-12 form-group">
    <button type="button" class="form-control btn btn-danger">
Clear Data </button>
    </div>
</div>
</div>
```

CSS File

```
.formcls{
    background-color: black;
    width: 900px;
    padding-right: 40px;
    padding-bottom: 20px;
    margin-top: 20px;
}
```

```
.headercls{
    color: rgb(255, 238, 0) ;
```

TMTBCA College

```
text-align: center;
padding-top: 20px;
}
```

```
.label{
  color: white;
}

.imgcls1{
  height: 600px;
  width: 400px;
  padding-left: 30px;
}
```

OUTPUT

