Lab Assignment No: 02

Problem statement: Design a student registration form using HTML tags

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CLASS: C BRANCH: ENTC BATCH: 2

DATE OF PERFORMANCE: 14-09-2021

CODE:

```
<!DOCTYPE html>
   <meta charset="utf-8" />
   <title> Students' Registration Page</title>
   <style>
       label
           width:140px;
           display: inline-block;
   </style>
</head>
<body style=" background-color: lightblue">
   <div class="main">
       <h1><center> ** Students' Registration Form ** </center></h1> <br />
       <form style="text-align: left; margin-left : 30px">
            <hr>>
            <h2 style="margin-left: 90px; color:indigo;"> Student Details</h2>
            <label> <b> Name </b> </label>
            <input type="text" name="Name" /> <br /> <br />
            <label> <b> Stream </b> </label>
            <input type="text" name="Stream" /> <br /> <br />
            <label> <b> Division </b> </label>
            <input type="text" name="Division" /> <br /> <br />
            <label> <b>Roll No </b> </label>
            <input type="number" name="Roll_No" /> <br /> <br />
            <label> <b>Phone No </b> </label>
            <input type="number" name="Phone_No" /> <br /> <br />
            <label> <b>Email Id </b> </label>
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<input type="email" name="Email_id" /> <br /> <br />
           <label> <b> Date of birth </b> </label>
           <input type="date" name="Date of birth" /> <br /> <br />
           <label> <b> Gender </b> </label>
           <input type="radio" name="Female" value="Male" />
           <label style="width:70px"> <b> Male </b> </label>
           <input type="radio" name="Female" value="Female" />
           <label style="width:70px"> <b> Female </b> </label> <br /> <br />
           <label> <b> Blood Group </b> </label>
           <input type="text" name="Bg" /> <br /> <br /> <br /></pr
           <hr>>
           <h2 style="margin-left: 90px; color:indigo;">Address Details</h2>
           <label> <b>Address </b> </label>
           <input type="text" name="Address" /> <br /> <br />
           <label> <b>City </b> </label>
           <input type="text" name="City" /> <br /> <br />
           <label> <b>State </b> </label>
           <input type="text" name="State" /> <br /> <br />
           <label> <b>Country </b> </label>
           <input type="text" name="Country" /> <br />
           <hr>>
           <h2 style="margin-
left: 90px; color:indigo;"> Parents Details </h2>
           <input type="text" name="Fathers_name" /> <br /> <br />
           <label> <b>Fathers' Phone No </b> </label>
           <input type="number" name="Fathers phone no" /> <br /> <br />
           <label> <b> Fathers' Occupation </b> </label>
           <input type="text" name="Fathers_occupation" /> <br /> <br />
           <label> <b> Fathers' Email Id </b> </label>
           <input type="email" name="Fathers_email_Id" /> <br /> <br /> 
           <label> <b>Mothers' Name </b> </label>
           <input type="text" name="Mothers_name" /> <br /> <br />
           <label> <b>Mothers' Phone No </b> </label>
           <input type="number" name="Mothers_Phone_No" /> <br /> <br />
           <label> <b>Mothers' Occupation</b> </label>
           <input type="text" name="Mothers_occupation" /> <br /> <br />
           <label> <b> Mothers' Email Id </b> </label>
           <input type="email" name="Mothers_email_Id" /> <br /> <br />
           <hr>>
           <h2 style="margin-left: 90px; color:indigo;">School Details</h2>
           <label> <b> School Name </b> </label>
           <input type="text" name="School name" /> <br /> <br />
           <label> <b>10th Percentage </b> </label>
           <input type="number" name="10th percentage" /> <br /> <br />
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<hr>
            <h2 style="margin-left: 90px; color:indigo;">College Details</h2>
            <label> <b>Jr College Name </b> </label>
            <input type="text" name="Jr College name" /> <br /> <br />
            <label> <b>12th Percentage </b> </label>
            <input type="number" name="12th_percentage" /> <br /> <br />
            <label> <b> Sr College Name </b> </label>
            <input type="text" name="Sr_College_Name" /> <br /> <br />
            <label> <b> CGPA </b> </label>
            <input type="number" name="CGPA" /> <br /> <br />
            <label> <b> Achievements </b> </label>
            <input type="text" name="Achievements" /> <br /> <br />
            <label> <b> Upload Photo </b> </label>
            <input type="file" name="photo" /> <br /> <br />
            <hr>>
            <div>
                <button type="submit"> Confirm Register</button>
                <button style="text-align: right; margin-</pre>
left: 144px;" onClick="exp2.html">Reset</button>
            </div>
        </form>
    </div>
</body>
</html>
```

OUTPUT:

