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>

<html >

<head>

    <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>

            <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 /> <br />

            <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 /> <br />

            <hr>

            <h2 style="margin-left: 90px; color:indigo;"> Parents Details </h2>

            <label> <b> Fathers' Name  </b> </label>

            <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 />

            <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 />

            <hr>

            <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-left: 144px;" onClick="exp2.html">Reset</button>

            </div>

        </form>

    </div>

</body>

</html>

**OUTPUT:**

  