DSW Lab Assignment 1

<u>Q1.</u>

```
First File
<html>
<head>
<title> Ques 1 </title>
</head>
<body>
<br/>br>
<a href="https://www.amazon.in" target=" blank">Click here to shop on Amazon</a>
<br/>br><br/>>
<a href="https://www.amazon.in" target="_blank"><img
src="https://upload.wikimedia.org/wikipedia/commons/d/de/Amazon icon.png"height="100"wi
dth="100" border="1"></a>
<br/>br>
<a href="listGraphicItems.html">Tap here to go to my page</a>
</body>
</html>
```

Click here to shop on Amazon

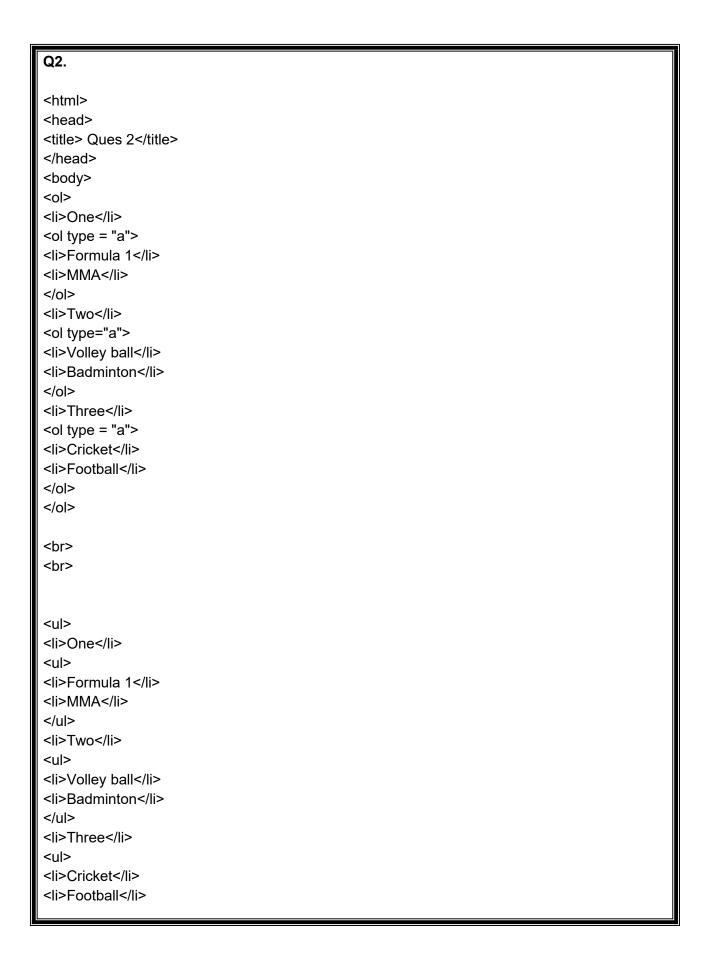


Tap here to go to my page

```
Second File
<html>
 <head>
    <title>
      Graphic List
    </title>
  </head>
  <body>
    Here after our jump
    <a href="index.html">Click here to go back</a>

    type = "A">

     Buy
      Sell
      Rent
    </body>
</html>
Here after our jump
 Click here to go back
   A. Buy
   B. Sell
   C. Rent
```



```
<br><br><br>>
<dl>
<dt> <u> Fruist</u> </dt>
<dd>Apples, Oranges, Pears, Plum</dd>
<dt><u>Vegetables</u></dt>
<dd>Cornon the cob cream Broccolli Carrot<br> Brinjal</dd>
</dl>
</body>
</html>
   1. One
       a. Formula 1
       b. MMA
  2. Two
       a. Volley ball
       b. Badminton
  3. Three
       a. Cricket
       b. Football

    One

       \circ \ Formula \ 1
       MMA

    Volley ball

       o Badminton
   • Three

    Cricket

    Apples, Oranges, Pears, Plum
Vegetables
Corn
         on the cob
         cream
    • Broccolli
    Carrot
    Brinjal
```

```
Q3.
<html>
<head>
<title> Ques 3 </title>
</head>
<body>
<form>
Fill this form
<br><br>>
<label>First name:<input type="text" name="fname"></label><br>
<label>Last name:<input type="text" name="lname"></label><br><br></label><br></label></label></label>
<label>Permanent Address:<br><textarea name="Address">My address</textarea><br><br></textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</textarea</td>
I am currently residing in
<select name="Current address">
<option value="Hotel">Hotel</option>
<option value="PG">PG</option>
<option value="Hostel">Hostel</option>
</select>
<br><br>>
My branch:
<input type="radio" name="branch" value="CSE/IT">CSE/IT
<input type="radio" name="branch" value="ECE">ECE
<input type="radio" name="branch" value="BIOTECH">BIOTECH
<br><br>>
Hobbies:<br>
Reading
<input type="Checkbox" name="hobbies" value="Reading">Music
<input type="Checkbox" name="hobbies" value="Music">Others
<input type="Checkbox" name="hobbies" value="Others">
<br><br>>
<input type="submit" name="submit" value="Submit">
</form>
<br>
</body>
</html>
```

Fill this form
Thi this form
First name:
Last name:
Permanent Address:
My address
// dadress
I am ayymanthy nasiding is
I am currently residing ir ✓ Hotel PG
My branch: ○CSE/IT Hostel IOTECH
Hobbies:
Reading Music Others
Submit