## ST. XAVIER'S COLLEGE

# Maitighar, Kathmandu, Nepal

### AN EXTENDED ASSIGNMENT ON WEBPAGE DESIGN USING HTML



SUBMITTED BY
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CLASS: 11 G
ROLL NO.: 334
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SUBMITTED TO

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DEPARTMENT OF COMPUTER

PLUS-TWO PROGRAMME

ST. XAVIER'S COLLEGE

MAITIGHAR, KATHAMNDU

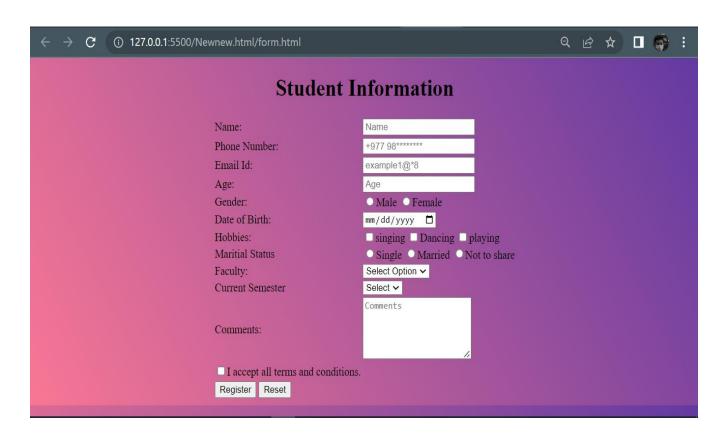
#### **HTML Program for Student form**

```
<!DOCTYPE html>
<html>
  <head>
     <title>Student Form</title>
     <link rel="stylesheet" type="text/css" href="stylist.css">
  </head>
  <body>
     <h1 style=text-align:center> Student Information </h1>
        Name:
              <input type="text" placeholder="Name" name="">
              Phone Number:
              <input type="phone" placeholder="+977 98********>
              Email Id:
              <input type="email" placeholder="example1@*8">
           Age:
              <input type="Age" placeholder="Age">
```

```
Gender:
  <input type="radio" name="gender">Male
     <input type="radio" name="gender">Female
  Date of Birth:
  <input type="date">
  Hobbies:
  <input type="checkbox"singing>singing
     <input type="checkbox"Dancing>Dancing
     <input type="checkbox"playing>playing
  Maritial Status
  <input type="radio" name="status">Single
     <input type="radio" name="status">Married
     <input type="radio" name="status">Not to share
  Faculty:
  <select>
```

```
<option>Select Option
                  <option>10+2</option>
                  <option>Bachelor</option>
                  <option>Graduation
               </select>
            Current Semester
            <select>
                  <option>Select</option>
                  <option>1<sup>st</sup></option>
                  <option>2<sup>nd</sup></option>
                  <option>3<sup>rd</sup></option>
               </select>
            Comments:
            <textarea rows="5" col="17"
placeholder="Comments"></textarea>
            <input type="Checkbox" class="conditions">I accept all terms
and conditions.
            <input type="submit" value="Register">
               <input type="reset" value="Reset">
```

```
</form>
  </body>
</html>
```



#### **HTML Program for creating account**

```
<html>
<head>
 <title>Create an account</title>
 <style>
 tr
   color:white;font-weight: bold;}
 </style>
</head>
<body style="background:radial-gradient(white,green</pre>
 <h1 style="padding:20px; color:darkblue;"><u>Create an account</u></h1>
 <div style="background:linear-gradient(90deg,brown,black); padding:20px;</pre>
border-radius:20px;">
 Username<input type="text" name="uname">
 Password<input type="password" name="pass">
 First name<input type="text" name="fname">
 Lastname<input type="text" name="lname">
 <input type="Submit" value="Create"><input type="button"</td>
value="Cancel">
</div>
</body>
</html>
                                              Q 🖻 ☆ 🔲 🌍 :
Create an account
Username
Password
Re-type Password
First name
Lastname
Address
Create
         Cancel
```

#### **HTML Program for the registration form**

```
<html>
<head>
 <title>Registration Form</title>
 body{background: linear-gradient(135deg,chocolate,chocolate);
 }
 tr{
   color:black;font-size:20px
 </style>
</head>
<body>
   <div style="background-color: rgb(59, 12, 247); padding:20px;border-</pre>
radius:40px;">
  <h1 style="color:rgb(0, 0, 0);" ALIGN="center">Registration Form</h1>
 <form>
    Title<select>
      <option>Select</option>
      <option>Mr.</option>
      <option>Mrs.</option>
      </select>
    First Name<input type="text" name="fname">
    Last Name<input type="text" name="lname">
    Address<input type="text" name="age">
    Genderinput type="radio" name="gender">Male
                      <input type="radio" name="gender">Female
    City<input type="text" name="City">
    Country<select>
      <option></option>
      <option>Nepal</option>
      <option>America</option>
      <option>UK</option>
      </select>
```

```
Current Semester<select>
      <option></option>
      <option>1<sup>st</sup></option>
      <option>2<sup>nd</sup></option>
      <option>3<sup>rd</sup></option>
    </select>
    Phoneinput type="text" name="phone">
    Fax<input type="text" name="fax">
    Commentsclass="col2"><textarea name="comments" cols="30"</td>
rows="10" placeholder="Comments here"></textarea>
    <input type="submit" value="Submit"><id><input type="submit"</pre>
value="Reset"
 </form>
</div>
</div>
</body>
</html>
```

