

Assignment 3

Name : Shivanshu

Roll : 60

Ques1

```
<!DOCTYPE html>
<html lang="en">
  <head >
    <meta charset="utf-8">
    <meta name="viewport" content="width=device-width,initial-
scale=1.0">
    <title>form</title>
    <link rel="stylesheet" href="styling.css">
  </head>
  <body>
    <form id="f">
      <Fieldset>
        <legend>Student Registration Form </legend>
        <label for="name1">Name </label>
        <input type="text" id="name1"><br>
        <label for="name2">Father Name</label>
        <input type="text" id="name2"><br>
        <label for="address">Postal Address</label>
        <input type="text" id="address"><br>
        <label for="sex">Sex</label>
        <input type="radio" id="sex">Male
        <input type="radio" id="sex">Female
        <br>
        <label for="city">City</label>
        <select id="s1">
          <option >select</option>
          <option value="dehradun">dehradun</option>
        </select><br>
        <label for="course">Course</label>
        <select id="s2">
          <option >select</option>
          <option value="btech">BTech</option>
          <option value="bse">bse</option>
          <option value="mtech">MTech</option>
        </select><br>
        <label for="District">District</label>
        <select id="s3">
          <option >select</option>
          <option value="Chamoli">Chamoli</option>
          <option value="Rudhrapryag">Rudhraprayag</option>
        </select><br>
        <label for="State">State</label>
        <select id="s4">
```

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        <option >select</option>
        <option value="uttarakhand">Uttarakhand</option>
    </select><br>
    <label for="pincode">Pincode</label>
    <input type="number" id="pincode"><br>
    <label for="email">EmailId</label>
    <input type="text" id="email"><br>
    <label for="dob">DOB</label>
    <input type="text" id="dob"><br>
    <label for="mobile">Mobile No</label>
    <input type="number" id="mobile"><br>
    <button id="b1">Reset</button>
    <button id="b2">Submit Form</button>
</fieldset>
</form>
</body>
</html>
```

```
body{
    margin: 20px 600px 100px 100px;
}
div{
    margin-top: 5px ;
}
```

output

Student Registration Form

Name

Father Name

Postal Address

Sex

☐ Male ☐ Female

City

select ▼

Course

select ▼

District

select ▼

State

select ▼

Pincode

EmailId

DOB

Mobile No

Reset

Submit Form

Ques2

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <link rel="stylesheet" href="style.css">
  <title>Form</title>
</head>
<body>
  <Fieldset id="field1">
    <div>
      <Fieldset>
        <legend>Personal Information</legend>
        <form id="1">
          <div class="row">
            <div class="col1">
              <label for="i1" >First Name</label>
            </div>
            <div class="col2">
              <input type="text" id="i1"><br>
            </div>
          </div>
          <div class="row">
            <div class="col1">
              <label for="i3">Last Name</label>
            </div class="col2">
            <div>
              <input type="text" id="i3"> <br>
            </div>
          </div>
          <div class="row">
            <div class="col1">
              <label for="i2">Gender</label>
            </div>
            <div class="col2">
              <input type="radio" id="i2">Female
              <input type="radio" id="i2">Male <br>
            </div>
          </div>
          <div class="row">
            <div class="col1">
              <label for="i4">Nationality</label>
            </div>
            <div class="col2">
              <select id="i4">
                <option>select</option>
                <option value="indian">indian</option>
              </select>
            </div>
          </div>
        </form>
      </Fieldset>
    </div>
  </Fieldset>

```

```

        <option value="canadian">canadian</option>
        <option value="german">German</option>
    </select> <br>
</div>
</div>
<div class="row">
    <div class="col1">
        <label for="i5">Address</label>
    </div>
    <div class="col2">
        <textarea name="address" id="i5" cols="30" rows="3">
</textarea>
    </div>
</div>
</Fieldset>
</div>
<div >
    <Fieldset>
        <legend>Medical History</legend>
        <form id="2">
            <input type="checkbox" class="A"> Smallpox
            <input type="checkbox" class="A"> Mumps
            <input type="checkbox" class="A"> Dizziness
            <input type="checkbox" class="A"> Sneezing
        </form>
    </Fieldset>
</div>
<div>
    <Fieldset>
        <legend>Current Medication</legend>
        <form id="3">
            <label for="i6">Are you currently taking any Medication ?
</label>
            <input type="radio" id="i6">Yes
            <input type="radio" id="i6">No
            <p id="i7">If you are currently taking medication, please
indicate it in the space below:</p>
            <textarea name="info" id="i7" cols="50" rows="7"></textarea>
<br>
            </form>
        </Fieldset>
    </div>
    <div class="button">
        <button id="b1">Submit</button>
        <button id="b1">Reset</button>
    </div>
</Fieldset>

</body>
</html>

```

CSS

```
body{
  margin: 20px 600px 100px 100px;
}
div{
  margin-top: 10px ;
}
.col1{
  float: left;
  width: 20%;
  margin-top: 10px;
  font-weight:normal
}
.col2{
  float: left;
  width: 75%;
  margin-top: 10px;
}
.button{
  color: aqua;
}
input{
  margin: 2px;
}
#field1{
  border-color: aqua;
}
legend{
  font-weight: 600;
}
label{
  font-weight:400;
}
textarea{
  border-radius: 5px;
}
```

Output

Personal Information

First Name

Last Name

Gender

☐ Female ☐ Male

Nationality

select ▼

Address

Medical History

☐ Smallpox ☐ Mumps ☐ Dizziness ☐ Sneezing

Current Medication

Are you currently taking any Medication ? ☐ Yes ☐ No

If you are currently taking medication, please indicate it in the space below:

Submit

Reset