

HTML FORMS

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<html>
  <head>
    <style>
    </style>

    <title>HTML Forms</title>
    <meta charset="utf-8" />
    <meta name="viewport" content="width=device-width, initial-scale=1" />
    <link
      rel="stylesheet"
      href="https://maxcdn.bootstrapcdn.com/bootstrap/4.5.0/css/bootstrap.min.css"
    />
    <script
src="https://ajax.googleapis.com/ajax/libs/jquery/3.5.1/jquery.min.js"></script>
    <script
src="https://cdnjs.cloudflare.com/ajax/libs/popper.js/1.16.0/umd/popper.min.js"></script>
    <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/4.5.0/js/bootstrap.min.js"></script>
  </head>
  <body class="container" >
    <div style="margin: 20px">

      <form >
        <h3>Personal Info</h3>
        <div style="padding: 20px; border-style: solid; border-color: black;
border-width: 2px;">
          <label for="email">EmailID:</label>
          <input type="email" name="email" class="form-control"
placeholder="Enter email here" required>

          <label for="password">Password:</label>
          <input type="password" name="password" class="form-control"
placeholder="Enter password here" required>

          <label for="email">Gender:</label>
          <select name="gender" class="form-control" placeholder="Select
Gender" required>
            <option value="male">Male</option>
            <option value="female">Female</option>
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        <option value="others">Prefer not to say</option>
    </select>
    <label for="dob">DOB:</label>
    <input type="date" name="dob" class="form-control"
placeholder="Choose DOB" required>
</div>
<hr>
<h3 class="mt-3">Preferences</h3>
<div style="padding: 20px; border-style: solid; border-color: black;
border-width: 2px;">
    <label for="favcolor">Favourite Colour</label>
    <input type="color" name="favcolor" class="form-control"
style="width: 150px;" required>
    <label for="interests">Interests</label>
    <br>
    <input type="checkbox" id="Sports" name="Sports" value="Sports">
    <label for="vehicle1">Sports</label><br>
    <input type="checkbox" id="Music" name="Music" value="Music">
    <label for="Music">Music</label><br>
    <input type="checkbox" id="Technology" name="Technology"
value="Technology">
    <label for="Technology">Technology</label><br>
    <input type="checkbox" id="Arts" name="Arts" value="Arts">
    <label for="Arts">Arts</label>
    <br>
    <label for="languages">Languages</label>
    <select name="languages" class="form-control" placeholder="Select
Languages" multiple size=4 required>
        <option value="English">English</option>
        <option value="Hindi">Hindi</option>
        <option value="Tamil">Tamil</option>
        <option value="Gujarati">Gujarati</option>
        <option value="Telegu">Telegu</option>
        <option value="Kannada">Kannada</option>
        <option value="Urdu">Urdu</option>
    </select>
</div>
<hr>
<h3 class="mt-3">Comments</h3>
<div style="padding: 20px; border-style: solid; border-color: black;
border-width: 2px;">
    <label for="commentText">Comments</label>
    <br>
    <textarea name="commentText" rows="4" cols="30" style="color:gray"
placeholder="Enter your comments here!"></textarea>
    <br>
    <label for="file">File Upload</label><br>
    <input name="file" type="file" style="color: gray">

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                </div>
                <button type="submit" class="form-control btn btn-primary mt-
2">Submit</button>
            </form>

        </div>
    </body>
</html>
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Personal Info

EmailID:	<input type="text" value="Enter email here"/>
Password:	<input type="password" value="Enter password here"/>
Gender:	<div>Male</div>
DOB:	<div>mm/dd/yyyy</div>

Preferences

Favourite Colour	<div></div>
Interests	<div><input type="checkbox"/> Sports <input type="checkbox"/> Music <input type="checkbox"/> Technology <input type="checkbox"/> Arts</div>
Languages	<div>Gujarati Telugu Kannada Urdu</div>

Comments

Comments	<div>Enter your comments here!</div>
File Upload	<div><div>Choose File</div> No file chosen</div>

Submit