Fall Semester 2020-21 Registration Number : 18BCE0503

Solution of Digital Lab Assignment-3(CSE3002) Name of Student: Rohan Mittal

**HTML FORMS**

<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>Pesonal 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>

<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">

</div>

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

</form>

</div>

</body>

</html>

A screenshot of a cell phone

Description automatically generatedA screenshot of a cell phone

Description automatically generated