AIM:

Design and implement a basic student registration form that collects user information and validates inputs using HTML5 features.

TASK DESCRIPTION:

Create a student registration form using HTML. The form should include fields for:

- Name
- Email
- Age

Add appropriate HTML5 validation to ensure each field is correctly filled before form submission

CODE:

```html
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <title>Student Registration Form</title>
    <style>
        body {
            font-family: 'Segoe UI', Tahoma, Geneva, Verdana, sans-serif;
            background-color: #f4f6f8;
            display: flex;
            justify-content: center;
            padding: 40px;
        }

        .form-container {
            background-color: #fff;
            padding: 25px 35px;
            border-radius: 12px;
            box-shadow: 0 5px 15px rgba(0,0,0,0.1);
            width: 90%;
            max-width: 700px;  /* wider */
        }

        .form-container h2 {
            text-align: center;
            color: #333;
```

```css
        margin-bottom: 20px;
    }

    label {
        display: block;
        margin-bottom: 6px;
        font-weight: 500;
        color: #444;
    }

    input, select {
        width: 100%;
        padding: 10px;
        margin-bottom: 16px;
        border: 1px solid #ccc;
        border-radius: 6px;
        font-size: 15px;
    }

    input:focus, select:focus {
        border-color: #4A90E2;
        outline: none;
        box-shadow: 0 0 5px rgba(74, 144, 226, 0.3);
    }

    .form-actions {
        text-align: center;
    }

    button {
        background-color: #4A90E2;
        color: white;
        border: none;
        padding: 12px 25px;
        font-size: 16px;
        border-radius: 6px;
        cursor: pointer;
        transition: background-color 0.3s ease;
    }

    button:hover {
        background-color: #3b7bc4;
    }
    </style>
</head>
<body>
```

```html
    <div class="form-container">
        <h2>Student Registration Form</h2>
        <form action="#" method="post">

            <label for="fullname">Full Name</label>
            <input type="text" id="fullname" name="fullname" required>

            <label for="email">Email Address</label>
            <input type="email" id="email" name="email" required>

            <label for="phone">Phone Number</label>
            <input type="tel" id="phone" name="phone" pattern="[0-9]{10}"
placeholder="Enter 10-digit phone number" required>

            <label for="dob">Date of Birth</label>
            <input type="date" id="dob" name="dob" required>

            <label for="gender">Gender</label>
            <select id="gender" name="gender" required>
                <option value="">-- Select Gender --</option>
                <option value="Male">Male</option>
                <option value="Female">Female</option>
                <option value="Other">Other</option>
            </select>

            <label for="course">Course Applied For</label>
            <select id="course" name="course" required>
                <option value="">-- Select Course --</option>
                <option value="Computer Science">Computer Science</option>
                <option value="Electronics">Electronics</option>
                <option value="Mechanical">Mechanical</option>
                <option value="Civil">Civil</option>
                <option value="AI & Data Science">AI & Data Science</option>
            </select>

            <div class="form-actions">
                <button type="submit">Register</button>
            </div>

        </form>
    </div>

</body>
</html>
```

Name: Rudraksh UID: 23BIS70156

CODE O/P :

Student Registration Form

Full Name

Rudraksh Adlakha

Email Address

23bis70156@cuchd.in

Phone Number

07300122060

Date of Birth

11/02/2005

Gender

Male

Course Applied For

Computer Science

Register