**LAB ASSIGNMENT 2**

**Rushang bagada**

**u24cs076**

**Code:-**

**<!DOCTYPE html>**

**<html lang="en">**

**<head>**

**<meta charset="UTF-8">**

**<meta name="viewport" content="width=device-width, initial-scale=1.0">**

**<title>BANK FORM</title>**

**<style>**

**body{**

text-align**: center;**

**}**

**.open{**

display**:inline-flex;**

flex-direction**:row-reverse;**

**}**

**.one{**

display**: flex;**

flex-direction**: column;**

margin**: 0px 1150px;**

**}**

**.two{**

border**: 3px solid black;**

**}**

**.help{**

border**: 2px solid black;**

width**:600px;**

**}**

**td{**

border**: 2px solid black;**

**}**

**table{**

width**:100%;**

align-self**: center;**

padding**:10px;**

border**:2px;**

**}**

**legend{**

text-align**:left;**

**}**

**.last{**

display**:flex;**

flex-direction**:row;**

align-content**: space-around;**

**}**

**fieldset{**

width**: 100%;**

display**: inline-block;**

justify-content**: center;**

align-items**: center;**

**}**

**</style>**

**</head>**

**<body>**

**<form>**

**<h1 style="text-align:center">SAVING BANK ACCOUNT OPENING FORM</h1>**

**<h3 style="text-align:center">(for BASIC/SMALL SB A/c)</h3>**

**<hr>**

**<div class="open">**

**<div class="one">**

**<p>Date<input type="date"></p>**

**<p>Time<input type="time"></p>**

**</div>**

**<div class="help">**

**<fieldset class="width:200px;">**

**<legend><h5>For Bank Use Only</h5></legend>**

**<p style="padding:5px;text-align:left;">Name and Code of the Branch</p>**

**<p><label style="padding:10px;">Cust ID</label><input type="text"></p><br>**

**<p><label style="padding:10px;">A/C No.</label><input type="text"></p>**

**</fieldset>**

**</div>**

**</div>**

**<div>**

**<fieldset>**

**<legend><h5>Personal Details</h5></legend>**

**<table class="two" style="padding:5px;**

**border:2px solid black;" >**

**<tr>**

**<td>1</td>**

**<td>Name in Full(Mr/Ms)</td>**

**<td colspan="5"><input type="text"></td>**

**<td colspan="2" rowspan="4">Image</td>**

**</tr>**

**<tr>**

**<td>2</td>**

**<td>Father/Husband/Guardian Name</td>**

**<td colspan="5"><input type="text"></td>**

**</tr>**

**<tr>**

**<td>3</td>**

**<td>Gender</td>**

**<td><input type="radio"><label>Male</label><input type="radio"><label>Female</label></td>**

**<td>Date of Birth</td>**

**<td colspan="3"><input type="date"></td>**

**</tr>**

**<tr>**

**<td>4</td>**

**<td>Occupation</td>**

**<td><input type="text"></td>**

**<td>Category</td>**

**<td colspan="3"><select name="select"><option>GENERAL</option><option>SC</option><option>OBC</option><option>PWD</option></select></td>**

**</tr>**

**<tr>**

**<td>5</td>**

**<td>Marital Status</td>**

**<td colspan="4"><input type="radio"><label>Married</label><input type="radio"><label>Unmarried</label><input type="radio"><label>Widowed</label></td>**

**<td colspan="1" style="text-align:right;">Signature</td>**

**<td></td>**

**</tr>**

**</table>**

**</fieldset>**

**</div>**

**<div>**

**<fieldset>**

**<legend><h5>Contact Details</h5></legend>**

**<table class="secone" style="text-align:center;padding:5px;**

**border:2px solid black;">**

**<tr>**

**<td>Mobile No.(1)</td>**

**<td colspan="3"><input type="tel"></td>**

**<td>Mobile No.(2)</td>**

**<td><input type="tel"></td>**

**<td>Telephone/Landline</td>**

**<td><input type="tel"></td>**

**</tr>**

**<tr>**

**<td>Personal Email</td>**

**<td colspan="4"><input type="email"></td>**

**<td>Professional Email</td>**

**<td colspan="4"><input type="email"></td>**

**</tr>**

**<tr>**

**<td rowspan="2">Current Address</td>**

**<td rowspan="2" colspan="3"><textarea></textarea></td>**

**<td rowspan="1">Village/City</td>**

**<td rowspan="1"><input type="text"></td>**

**<td rowspan="1">District</td>**

**<td><input type="text"></td>**

**</tr>**

**<tr>**

**<td>State</td>**

**<td><select value="select"><option>Gujarat</option><option>Others</option></select></td>**

**<td>Pincode</td>**

**<td><input type="text"></td>**

**</tr>**

**</table>**

**<table style="margin-top:20px;padding:5px;**

**border:2px solid black;">**

**<tr>**

**<td rowspan="2" colspan="4">Permanent Address</td>**

**<td rowspan="2" colspan="4"><textarea></textarea></td>**

**<td>Village/City</td>**

**<td><input type="text"></td>**

**<td>District</td>**

**<td><input type="text"></td>**

**</tr>**

**<tr>**

**<td>State</td>**

**<td><select value="select"><option>Gujarat</option><option>Others</option></select></td>**

**<td>Pincode</td>**

**<td><input type="text"></td>**

**</tr>**

**</table>**

**</fieldset>**

**</div>**

**<div>**

**<fieldset>**

**<legend><h5>Documents</h5></legend>**

**<table class="third" style="padding:5px;**

**border:2px solid black;">**

**<tr style="text-align:center">**

**<td rowspan="2">Aadhaar Card</td>**

**<td rowspan="2"><input type="text" placeholder="Aadhaar Number"></td>**

**<td rowspan="2" colspan="2"><button>Choose file</button><label>No file chosen</label></td>**

**<td rowspan="2">Pan Card</td>**

**<td rowspan="2"><input type="text" placeholder="Pan Number"></td>**

**<td rowspan="2" colspan="2"><button>Choose file</button><label>No file chosen</label></td>**

**</tr>**

**<tr></tr>**

**<tr style="text-align:center">**

**<td rowspan="2">Electricity Bill</td>**

**<td rowspan="2" colspan="3"><button>Choose file</button><label>No file chosen</label></td>**

**<td rowspan="2">Gas Bill</td>**

**<td rowspan="2" colspan="3"><button>Choose file</button><label>No file chosen</label></td>**

**</tr>**

**<tr></tr>**

**</table>**

**</fieldset>**

**</div>**

**<hr>**

**<p>Please open a Savings Bank account in the name of Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_</p><br>**

**<p>The Saving Bank rules and regulations including those relating to Small Account have been explained to me and I agree to abide bt the same.An additional photograph is attached.</p><br>**

**<div class="last">**

**<div style="justify-content:left; align-items:center;margin-left:0;"><label>Date: <input type="date"></label></div>**

**<div style="justify-content:center;align-items:center;margin-left:500px;"><label>Place: <input type="text"></label></div>**

**<div style="justify-content:right;align-items:center;margin-left:500px;"><label>Signature:</label></div>**

**</div>**

**</form>**

**</body>**

**</html>**

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Output:-

