

## ← Day16-1.html



HTML

CSS

JS

OUTPUT



Samiksha Ghuge

30 mins • 4 views

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PRIVATE

```
1 <!DOCTYPE html>
2 <html>
3 <head>
4   <meta charset="UTF-8" />
5   <title>INT222 - Assignment #2 -
forms.html</title>
6   <link rel="stylesheet" type="text/css"
href="css/reset.css" />
7   <link rel="stylesheet" type="text/css"
href="css/mycss.css" />
8 </head>
9
10 <body>
11
12   <h1 class="forms">ORDER YOUR PIZZA</h1>
13   <form method="post" name="forms"
14     action="index.html">
15     <div class="forms">
16       <div class="cell1">
17         <body>
18           <h3>Mama's<br />Pizza</h3>
19           <hr>
20           <table>
21             <tr>
22               <td>Small</td>
23               <td>150/-</td>
24             </tr>
25             <tr>
26               <td>Medium</td>
27               <td>250/-</td>
28             </tr>
29             <tr>
30               <td>Large</td>
31               <td>350/-</td>
```

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32         </tr>
33     <tr>
34         <td>X-Large</td>
35         <td>450/-</td>
36     </tr>
37     <tr>
38         <td colspan="2">Toppings</td>
39     </tr>
40     <tr>
41         <td>100/-</td>
42         <td>Each</td>
43     </tr>
44     <tr>
45         <td colspan="2">Plus 13% GST</td>
46     </tr>
47     <tr>
48         <td colspan="2">Free Delivery</td>
49     </tr>
50 </table>
51 Your Price<br />
52 <input name="price" size="8"
readonly="readonly" />
53 </div>
54 <div class="forms2">
55     <fieldset>
56         <legend>Personal Information</legend>
57         Name <input name="name" /><br />
58         Account No. <input type="number"
name="account" /><br />
59         Phone No. <input type="tel"
name="phone" /><br />

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60         Date of Birth <input type="date"
name="birthday" />
61     </fieldset>
62     <fieldset>
63         <legend>Pizza size & Crust</
legend>
64         <select name="size" size="2">
65             <option>Select Pizza Size</
option>
66             <option value="1">Small</
option>
67             <option value="2">Medium</
option>
68             <option value="3">Large</
option>
69             <option value="4">X-Large</
option>
70         </select>
71         <select name="crust" size="2">
72             <option value="1">Regular
Crust</option>
73             <option value="2">Thin Crust</
option>
74         </select>
75     </fieldset>
76     <fieldset>
77         <legend>Cheeses</legend>
78         <input type="radio" name="cheese"
value="1" />Mozzarella
79         <input type="radio" name="cheese"
value="2" />Reduced Fat
80         <input type="radio" name="cheese"
value="3" />Feta
81     </fieldset>

```





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82         <fieldset>
83         <legend>Sauces</legend>
84         <input type="radio" name="sauce"
value="1" />Pizza Sauce
85         <input type="radio" name="sauce"
value="2" />BBQ Sauce
86         <input type="radio" name="sauce"
value="3" />Garlic Sauce
87         </fieldset>
88         <fieldset>
89         <legend>Special Instructions</
legend>
90         <textarea name="instructions"
rows="3" cols="42"></textarea>
91         </fieldset>
92         <input type="submit" value="PLACE
YOUR ORDER" />
93         <input type="reset" value="START
OVER" />
94     </div>
95     <div class="forms2">
96         <fieldset>
97         <legend>Choose Toppings - $1.79
Each</legend>
98         <div class="forms2">
99             <input type="checkbox"
name="topping" value="1" /> Anchovies<br />
100             <input type="checkbox"
name="topping" value="2" /> Bacon<br />
101             <input type="checkbox"
name="topping" value="3" /> Ham<br />
102             <input type="checkbox"
name="topping" value="4" /> Pepperoni<br />
103             <input type="checkbox"

```

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104     name="topping" value="5" /> Salami<br />
        <input type="checkbox"
105     name="topping" value="6" /> Sausage<br />
        </div>
106     <div class="forms2">
107         <input type="checkbox"
108     name="topping" value="7" /> Broccoli<br />
        <input type="checkbox"
109     name="topping" value="8" /> Green
        Olives<br />
110         <input type="checkbox"
111     name="topping" value="9" /> Green
        Peppers<br />
112         <input type="checkbox"
113     name="topping" value="10" /> Mushrooms<br />
        <input type="checkbox"
114     name="topping" value="11" /> Red
        Onions<br />
115         <input type="checkbox"
116     name="topping" value="12" /> Roasted
        Garlic<br />
117     </div>
118 </fieldset>
119 </div>
120 </div>
121 </form>
122 <footer>
    <br>
    <label for="notes"> Special
    Instructions (optional):</label>
    <textarea id="notes" name="notes"
    rows="2"></textarea>

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```

108     name="topping" value="7" /> Broccoli<br />
        <input type="checkbox"
109     name="topping" value="8" /> Green
        Olives<br />
        <input type="checkbox"
110     name="topping" value="9" /> Green
        Peppers<br />
        <input type="checkbox"
111     name="topping" value="10" /> Mushrooms<br />
        <input type="checkbox"
112     name="topping" value="11" /> Red
        Onions<br />
        <input type="checkbox"
113     name="topping" value="12" /> Roasted
        Garlic<br />
114     </div>
115 </fieldset>
116 </div>
117 </form>
118 <footer>
119 <br>
120 <br><label for="notes"> Special
Instructions (optional):</label>
121
122 <textarea id="notes" name="notes"
rows="2"></textarea>
123
124 <br><button type="submit">✓ Place Order</
button>
125 </body>
126
127 </html>

```



# ORDER YOUR PIZZA

## Mama's Pizza

Small 150/-

Medium 250/-

Large 350/-

X-Large 450/-

Toppings

100/- Each

Plus 13% GST

Free Delivery

Your Price

### Personal Information

Name

Account No.

Phone No.

Date of Birth

### Pizza size & Crust

 

### Cheeses

☐ Mozzarella ☐ Reduced Fat ☐ Feta

[← Day16-1.html](#)

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☐ Pizza Sauce ☐ BBQ Sauce ☐ Garlic Sauce

Special Instructions

[PLACE YOUR ORDER](#)[START OVER](#)

Choose Toppings - \$1.79 Each

- ☐ Anchovies
- ☐ Bacon
- ☐ Ham
- ☐ Pepperoni
- ☐ Salami
- ☐ Sausage
- ☐ Broccoli
- ☐ Green Olives
- ☐ Green Peppers
- ☐ Mushrooms
- ☐ Red Onions
- ☐ Roasted Garlic

Special Instructions (optional):

[✓ Place Order](#)



## ← Day16-2.html



HTML

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PRIVATE

```
1 <!DOCTYPE html>
2 <html>
3 <head>
4 <style>
5 .container{
6     padding:80px;
7     background-color:white;
8 }
9 input[type=text], input[type=password],
10 textarea{
11     width:100%;
12     padding:5px;
13     margin:5px 0 20px 0;
14     display:inline-block;
15     border:2px solid black;
16     background:white;
17 }
18 .registerbtn{
19     background-color:green;
20     color:white;
21     padding:10px 10px;
22     margin:10px 0;
23     border:2px solid black;
24     cursor:pointer;
25     width:100%;
26 }
27 .registerbtn:hover{
28     font-size:10px;
29 }
30 </style>
31 </head>
32 <body>
33 <form>
34 <div class="container">
```

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PRIVATE

```
34 <center><h1>DRIVING LICENSE REGISTRATION
    FORM</h1> </center>
35 <hr>
36 <label>Name</label>
37 <input type="text" name="Firstname"
    placeholder="Firstname"/>
38 <input type="text" name="Lastname"
    placeholder="Lastname"/>
39 <div>
40 <label>
41 Country:
42 </label>
43 <select>
44 <option value="Country">select</option>
45 <option value="INDIA">INDIA</option>
46 </select>
47 </div>
48 <div>
49 <label>
50 Gender:
51 </label><br>
52 <input type="radio" value="Male"
    name="Gender">Male
53 <input type="radio" value="Female"
    name="gender">Female
54 <input type="radio" value="Other"
    name="gender">Other
55 <input type="radio" value="Prefer not to
    answer" name="gender">Prefer not to answer
56 </div>
57 <div>
58 <label>
59 Applying for:
60 </label>
```

## ← Day16-2.html



HTML

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```

61 <select>
62 <option value="Applying for">select</
   option>
63 <option value="Driving License">Driving
   License</option>
64 <option value="Learning Permit">Learning
   Permit</option>
65 </select>
66 </div>
67 <label>
68 Purpose:
69 </label><br>
70 <input type="checkbox">NEW
71 <input type="checkbox">CHANGE TYPE
72 <input type="checkbox">RENEW
73 <input type="checkbox">UPDATE INFO
74 <input type="checkbox">TRANSFER
75 </div>
76 <label>
77 Mobile Number:
78 </label>
79 <input type="text" name="Mobile Number"
   placeholder="0000000000">
80 <label>
81 Date of Birth:
82 </label>
83 <input type="text" name="dob"
   placeholder="dd-mm-yyyy">
84 </div>
85 <label>
86 Are you older than 18?:
87 </label><br>
88 <input type="radio" value="Yes"
   name="age">Yes

```

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## ← Day16-2.html



HTML

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```
83 <input type="text" name="dob"
    placeholder="dd-mm-yyyy">
84 <div>
85 <label>
86 Are you older than 18?:
87 </label><br>
88 <input type="radio" value="Yes"
    name="age">Yes
89 <input type="radio" value="No"
    name="age">No
90 </div>
91 Address:
92 <textarea cols="50" rows="2"
    placeholder="Address" value="address"
    required>
93 </textarea>
94 <label for="email"><b>Email</b></label>
95 <input type="text"
    placeholder="example@gmail.com"
    name="email" required>
96 <label for="Password"><b>Password</b></
    label>
97 <input type="password" placeholder="Enter
    Password" name="Password" required>
98 <label for="Password-repeat"><b>Confirm
    Password</b></label>
99 <input type="password" placeholder="Confirm
    Password" name="password repeat"
    required>
100 <button type="submit"
    class="registerbtn">Register</button>
101 </form>
102 </body>
103 </html>
```

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# DRIVING LICENSE REGISTRATION FORM

---

Name

Country:

Gender:

☐ Male ☐ Female ☐

Other ☐ Prefer not to  
answer

Applying for:

Purpose:

☐ NEW ☐ CHANGE

TYPE ☐ RENEW ☐

UPDATE INFO ☐

TRANSFER

 Day16-2.html

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Mobile Number:

Date of Birth:

Are you older than 18?:

☐ Yes ☐ No

Address:

**Email****Password****Confirm Password**



## ← Day16-3.html



HTML

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JS

OUTPUT



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web



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PRIVATE

```
1 <!DOCTYPE html>
2 <html>
3 <head>
4   <link rel="stylesheet"
   href="https://maxcdn.bootstrapcdn.com
   /bootstrap/3.4.1/css/bootstrap.min.css">
5   <script
   src="https://ajax.googleapis.com/ajax/libs
   /jquery/3.7.1/jquery.min.js"></script>
6   <script
   src="https://maxcdn.bootstrapcdn.com
   /bootstrap/3.4.1/js/bootstrap.min.js"><
   /script>
7 </head>
8 <body>
9   <h2>Patient Registration Form</h2>
10  <form id="patientForm"
   action="HelloWorld.php" method="post">
11    <label for="name">Name:</label>
12    <input type="text" id="name" name="name"
   required>
13    <br>
14    <label for="age">Age:</label>
15    <input type="number" id="age" name="age"
   required>
16    <br>
17    <label for="gender">Gender:</label>
18    <select id="gender" name="gender">
19      <option value="male">Male</option>
20      <option value="female">Female</option>
21      <option value="other">Other</option>
22    </select>
23    <br>
24    <label for="contactInfo">Contact Info:</
```

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RUN



## ← Day16-3.html



HTML

CSS

JS

OUTPUT



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```
6   <script
src="https://maxcdn.bootstrapcdn.com
/bootstrap/3.4.1/js/bootstrap.min.js"><
/script>
7 </head>
8 <body>
9   <h2>Patient Registration Form</h2>
10  <form id="patientForm"
action="HelloWorld.php" method="post">
11    <label for="name">Name:</label>
12    <input type="text" id="name" name="name"
required>
13    <br>
14    <label for="age">Age:</label>
15    <input type="number" id="age" name="age"
required>
16    <br>
17    <label for="gender">Gender:</label>
18    <select id="gender" name="gender">
19      <option value="male">Male</option>
20      <option value="female">Female</option>
21      <option value="other">Other</option>
22    </select>
23    <br>
24    <label for="contactInfo">Contact Info:</
label>
25    <input type="text" id="contactInfo"
name="contactInfo">
26    <br>
27    <button type="submit">Submit</button>
28  </form>
29 </body>
30 </html>
31
```

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# Patient Registration Form

Name:

Age:

Gender:

Contact Info: