

 Hw

HTML

CSS

JS

OUTPUT



Sandip Bhagit

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web



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PRIVATE

```
1 <!DOCTYPE html>
2 <html>
3   <head>
4     <link rel="stylesheet"
5 href="https://maxcdn.bootstrapcdn.com/bootstrap/3
6 .4.1/css/bootstrap.min.css">
7     <script
8 src="https://ajax.googleapis.com/ajax/libs/jquery
9 /3.7.1/jquery.min.js"></script>
10    <script
11 src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4
12 .1/js/bootstrap.min.js"></script>
13  </head>
14  <body Aliment="center">
15    <div class="Container">
16      <h2 size="50%"><b><i>Hospital Appointment
17 Form</i></b></h2><hr>
18    <div>
19      <label>Patient Name:</label><br>
20      <input type="text" Name="Patient Name"
21 Placeholder="Full Name"><br><br>
22      <label>Address:</label><br>
23      <input type="Address" Name="Address"
24 Placeholder="Your Address"><br><br>
25      <label>Contact Number:</label><br>
26      <input type="Numbre" Name="Contact"
27 Placeholder="Mobile Number"><br><br>
28      <label>Appointment Date:</label><br>
29      <input type="Date" Name="Appointment"
30 Placeholder="DD-MM-YYYY"><br><br>
31      <label>Appointment Time:</label><br>
32      <input type="Time" Name="Appointment"
33 Placeholder="HH:MM:SS"><br><br>
34      <label>Reason For Visit:</label><br>
35      <textarea type="Visit" Name="Reason"
36 Placeholder="Reason for visit" rows="4"><br><br><br><br>
37    </div>
38  </div>
39 </body>
40 </html>
```

TAB

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RUN 



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PRIVATE

```
5  <script>
6  src="https://ajax.googleapis.com/ajax/libs/jquery
7  /3.7.1/jquery.min.js"></script>
8  <script>
9  src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4
10 .1/js/bootstrap.min.js"></script>
11 </head>
12 <body Aliment="center">
13 <div class="Container">
14 <h2 size="50%"><b><i>Hospital Appointment
15 Form</i></b></h2><hr>
16 <div>
17
18     <label>Patient Name:</label><br>
19     <input type="text" Name="Patient Name"
20 Placeholder="Full Name"><br><br>
21
22     <label>Address:</label><br>
23     <input type="Address" Name="Address"
24 Placeholder="Your Address"><br><br>
25
26     <label>Contact Number:</label><br>
27     <input type="Numbre" Name="Contact"
28 Placeholder="Mobile Number"><br><br>
29
30     <label>Appointment Date:</label><br>
31     <input type="Date" Name="Appointment"
32 Placeholder="DD-MM-YYYY"><br><br>
33
34     <label>Appointment Time:</label><br>
35     <input type="Time" Name="Appointment"
36 Placeholder="HH:MM:SS"><br><br>
37
38     <label>Reason For Visit:</label><br>
39     <textarea type="Visit" Name="Reason"
40 Placeholder="What Are Reason" Rows="4"
41 cols="30"></textarea><br><br>
42
43     <input type="submit" value="submit
44 Appintment">
45 </body>
46 </html>
```

Hospital Appointment Form

Patient Name:

Address:

Contact Number:

Appointment Date:

Appointment Time:

Reason For Visit: