School of Computer Sciences

MCA 1st Semester

.main-container {

padding: 2rem;

background-color: rgb(241, 204, 235);

/* background-image: image(); */

border: 2px solid rgb(192, 59, 59);

Web Technology Lab Report

Sheet No.:

01

Exercise 2: Design the registration form to enhance its appearance.

```
Source Code:
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Student Registration Form</title>
  <style>
    * {
      margin: 0;
      padding: 0;
      box-sizing: border-box;
    }
    body {
      display: flex;
      justify-content: center;
      align-items: center;
      min-height: 100vh;
      background-color: rgb(250, 235, 216);
      font-family: Arial, sans-serif;
    }
```

School of Computer Sciences

02

MCA 1st Semester Web Technology Lab Report Sheet No.:

```
border-radius: 12px;
  width: 100%;
  max-width: 600px;
  box-shadow: 0 4px 8px rgba(0, 0, 0, 0.2);
}
h1 {
  text-align: center;
  margin-bottom: 1.5rem;
}
.name-group input {
  display: inline-block;
  width: calc(50% - 5px);
  /* Adjust width as needed */
  box-sizing: border-box;
  height: 30px;
}
.name-group label {
  display: block;
  margin-bottom: 5px;
  /* Adds some space below the label */
}
.form-group {
  display: flex;
  flex-direction: column;
  margin: 0.5rem 0 1rem 0;
}
```

School of Computer Sciences

MCA 1st Semester

Web Technology Lab Report

Sheet No.:

03

.form-group label { margin: 0.2rem; font-weight: bold; } .form-group input { padding: 0.2rem; border: 1px solid #ccc; border-radius: 8px; font-size: 1rem; } .form-group input:focus { outline: none; border-color: rgb(192, 59, 59); box-shadow: 0 0 5px rgba(192, 59, 59, 0.3); } .mandetory { color: red; } .gender-group { margin-top: 1rem; display: flex; /* justify-content:space-between; */ gap: 20px; } #submit { background-color: rgb(70, 70, 215);

School of Computer Sciences

MCA 1st Semester

Web Technology Lab Report

Sheet No.:

04

```
color: white;
      width: 100px;
      border-radius: 20px;
      padding: 1rem;
    }
  </style>
</head>
<body>
  <div class="main-container">
    <h1>Student Registration Form</h1>
    <form action="#">
      <div class="name-group">
        <label for="name">Name of the Student <span class="mandetory">*</span></label>
        <input type="text" placeholder="First Name" name="name" id="email">
        <input type="text" placeholder="last name" name="name" id="email">
      </div><br>
      <div class="name-group">
        <label for="dob">Date of Birth <span class="mandetory">*</span></label>
        <input type="date" name="birth" id="dob" required>
      </div>
      <div class="gender-group">
        <label for="gender">Gender<span class="mandetory">*</span></label>
        <label for="male">Male</label>
        <input type="radio" id="male" name="gender" value="male" required>
        <label for="female">Female</label>
        <input type="radio" id="female" name="gender" value="female" required>
      </div>
      <div class="form-group">
        <label for="email">Email <span class="mandetory">*</span></label>
```

School of Computer Sciences

MCA 1st Semester

Web Technology Lab Report

05

Sheet No.:

```
<input type="email" placeholder="Enter Email" name="email" id="email" required>
      </div>
      <div class="form-group">
        <label for="number">Phone Number <span class="mandetory">*</span></label>
        <input type="number" placeholder="Phone number" name="number" id="number"
required>
      </div>
      <div class="form-group">
        <label for="psw">Password <span class="mandetory">*</span></label>
        <input type="password" placeholder="Enter Password" name="psw" id="psw" required>
      </div>
      <div class="form-group">
        <label for="psw-repeat">Repeat Password <span class="mandetory">*</span></label>
        <input type="password" placeholder="Repeat Password" name="psw-repeat" id="psw-
repeat">
      </div>
      <div class="form-group">
        <input type="submit" value="Submit" id="submit" />
      </div>
      <(span class="mandetory">*</span>) This field is mendotary
  </div>
  </form>
  </div>
</body>
</html>
```

School of Computer Sciences

MCA 1st Semester Web Technology Lab Report Sheet No.: **06**

Name of the Student* First Name Date of Birth* det == 'yyyy Gender* Male o Female o Email* Enter Email Phone Number* Phone Number* Phone number Password* Enter Password * Repeat Password * Repeat Password Submit (') This field is mendolary	Name of the Student* First Name	Name of the Student* First Name	Name of the Student* First Name	Name of the Student* First Name Date of Birth* dd - me - yyyy Gender* Male	Student Registration Form	
Date of Birth* dd-mm-yyyy Gender* Male	Date of Birth* dd -ms-yyyy Gender* Male	Date of Birth* dd -ma-yyyy Gender* Male	Date of Birth* dd - mm - yyyyy Gender* Male	Date of Birth* dd - me - yyyy	Name of the Student*	
dd-m-yyyy Gender* Male	dd-ma-yyyy Gender* Male	dd-ma-yyyy Gender* Male	Gender* Male	dd-mm-yyyy Gender* Male		
Email * Enter Email Phone Number * Phone number Password * Enter Password Repeat Password Repeat Password Submit	Email * Enter Email Phone Number * Phone number Password * Enter Password Repeat Password Repeat Password Submit	Email * Enter Email Phone Number * Phone number Password * Enter Password Repeat Password Repeat Password Submit	Email * Enter Email Phone Number * Phone number Password * Enter Password Repeat Password Repeat Password Submit	Email * Enter Email Phone Number * Phone number Password * Enter Password * Repeat Password Submit		
Phone Number * Phone number Password * Enter Password * Repeat Password Repeat Password Submit	Phone Number * Phone number Password * Enter Password * Repeat Password Submit	Phone Number * Phone number Password * Enter Password * Repeat Password Repeat Password Submit	Phone Number * Phone number Password * Enter Password * Repeat Password Submit	Phone Number * Phone number Password * Enter Password * Repeat Password Submit		
Phone number Password * Enter Password * Repeat Password Submit	Phone number Password * Enter Password * Repeat Password Submit	Phone number Password * Enter Password * Repeat Password Submit	Phone number Password * Enter Password * Repeat Password Submit	Phone number Password * Enter Password * Repeat Password Submit		
Enter Password Repeat Password Repeat Password Submit	Enter Password Repeat Password Repeat Password Submit	Enter Password Repeat Password Repeat Password Submit	Enter Password Repeat Password Repeat Password Submit	Enter Password Repeat Password Repeat Password Submit		
Repeat Password * Repeat Password Submit	Repeat Password * Repeat Password Submit	Repeat Password * Repeat Password Submit	Repeat Password * Repeat Password Submit	Repeat Password * Repeat Password Submit		
Submit	Submit	Submit	Submit	Submit	Repeat Password *	
(*) This field is mendotary	(*) This field is mendotary	(*) This field is mendolary	(*) This field is mendolary	(*) This field is mendolary		
					(*) This field is mendotary	