

File Edit Selection View Go Run Terminal Help ← → 🔍 ppt 11,12 ⚙️ 0:00 0:00 0:00 - ⌂ ⌃ ⌄ ⌅ ⌆ ⌇ ⌈ ⌉ ⌊ ⌋ ⌊ ⌋

03_practice_Question.html 04_practice_Question.html 01_practice_Question- 1.html ⌄ ⌁ University Admission Form × ⌄ ⌁ http://127.0.0.1:3000/01_practice_Question- 1.html?serverWindowId=c1e ⌄ ⌁ ...

01_practice_Question- 1.html > ...

```
1 <!DOCTYPE html>
2 <html lang="en">
3 <head>
4   <meta charset="UTF-8">
5   <meta name="viewport" content="width=device-width, initial-scale=1.0">
6   <title>University Admission Form</title>
7 </head>
8 <body>
9   <h1>University Admission Form</h1>
10  <form action="ABC.php">
11    <fieldset style="border: 2px solid #rgb(13, 14, 13);>
12      <legend>Personalia:</legend>
13      <label for="name">Name: </label>
14      <input type="text" id="name" name="Name"><br>
15      <label for="dob">Date of Birth: </label>
16      <input type="date" id="birthday" name="Date of birth"><br>
17      <label for="gender">Gender: </label>
18      <input type="radio" id="male" name="gender" value="male">
19      <label for="male">Male</label>
20      <input type="radio" id="female" name="gender" value="female">
21      <label for="female">Female</label><br>
22      <label for="email">Email: </label>
23      <input type="text" id="email" name="email" value="abc@gmail.com" placeholder="Enter your email"><br>
24      <label for="contact number">Contact Number: </label>
25      <input type="text" id="contact number" name="contact" value=""><br>
26      <label for="address">Address: </label>
27      <textarea id="address" name="address" rows="4" cols="50">Enter your address...</textarea>
28    </fieldset>
29    <fieldset style="border:2px solid black;">
30      <legend>Academic Details</legend>
31      <label for="school name">High School Name: </label>
32      <input type="text" id="school name" name="school" value=""><br>
33      <label for="year of Graduation">Year of Graduation: </label>
34      <input type="text" id="year of graduation" name="year of graduation" value=""><br>
35      <label for="gpa">GPA: </label>
36      <input type="text" id="gpa" name="gpa" value=""><br>
37      <label for="Intended Major">Intended Major: </label>
38      <select id="Major" name="Major">
39        <option value="Select Major">Select Major</option>
```

University Admission Form

Personalia:

Name:

Date of Birth: dd-mm-yyyy

Gender: Male Female

Email: abc@gmail.com

Contact Number:

Address:
Enter your address...

Academic Details

High School Name:

Year of Graduation:

GPA:

Intended Major:

Upload transcript: No file chosen

Additional Information

Extracurricular Activities:
Extracurricular Activities...

Do you need scholarship? No Yes

Agree to terms:

Submit Application

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03_practice_Question.html 04_practice_Question.html 01_practice_Question- 1.html ... University Admission Form

http://127.0.0.1:3000/01_practice_Question- 1.html?serverWindowId=c1e

University Admission Form

Personalia:

Name:

Date of Birth: dd-mm-yyyy

Gender: Male Female

Email: abc@gmail.com

Contact Number:

Address:

Academic Details:

High School Name:

Year of Graduation:

GPA:

Intended Major:

Upload transcript: No file chosen

Additional Information:

Extracurricular Activities:

Do you need scholarship? No Yes

Agree to terms:

Submit Application

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```
<html lang="en">
<body>
    <form action="ABC.php">
        <fieldset style="border:2px solid black;">
            <input type="text" id="year" name="year" value="2024" />
            <label for="gpa">GPA: </label>
            <input type="text" id="gpa" name="gpa" value="" />
            <label for="Intended Major">Intended Major: </label>
            <select id="Major" name="Major">
                <option value="Select Major">Select Major</option>
                <option value="Computer-Science">Computer Science</option>
                <option value="Business">Business Administration</option>
                <option value="Biology">Biology</option>
                <option value="Psychology">Psychology</option>
                <option value="engineering">engineering</option>
                <option value="art">Art & Design</option>
                <option value="law">Law</option>
            </select><br>
            <label for="fileupload">Upload transcript: </label>
            <input type="file" id="fileupload" name="myfile" accept=".jpg,.png,.png" multiple required>
        </fieldset>
        <fieldset style="border:2px solid black;">
            <legend>Additional Information</legend>
            <label for="Extracurricular Activities">Extracurricular Activities: </label>
            <textarea id="Extracurricular Activities" name="extra Activities" rows="4" cols="50">Extracurricular Activities...</textarea><br>
            <label for="need scholarship">Do you need scholarship? </label>
            <input type="checkbox" id="no" name="scholarship" value="need">
            <label for="no">No</label>
            <input type="checkbox" id="yes" name="scholarship" value="need">
            <label for="yes">Yes</label><br>
            <label for="terms">Agree to terms: </label>
            <input type="checkbox">
        </fieldset>
        <input type="submit" id="application" name="submit application" placeholder="" value="Submit Application" />
    </form>
</body>
</html>
```

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03_practice_Question.html 04_practice_Question.html 01_practice_Question- 1.html 02_practice_Question.html ...

Document X

← → 🔍 http://127.0.0.1:3000/02_practice_Question.html?serverWindowId=c1c39

Conference Registration Form

Participant Information

Name: Email: Contact Number: Gender: Male Female Organization:

Event Preferences

Track: Days attending: Day 1 Day 2 Day 3 Day 4 Day 5 T-Shirt Size: Upload ID Proof: No file chosen

Additional Information

Dietary Restrictions:

Special Requests:

Agree to Terms:

Register

```
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Document</title>
</head>
<body>
    <h1>Conference Registration Form</h1>
    <form action="abc.yuv">
        <fieldset style="border: 2px solid black;">
            <legend>Participant Information</legend>
            <label for="name">Name: </label>
            <input type="name" id="name" name="name" value="" placeholder="Enter your name"><br>
            <label for="email">Email: </label>
            <input type="text" id="email" name="email" placeholder="Enter your email" value="abc@gmail.com"><br>
            <label for="contact number">Contact Number: </label>
            <input type="text" id="contact number" name="contact number" placeholder="Enter your contact number" value=""><br>
            <label for="gender">Gender: </label>
            <input type="radio" id="male" name="male" value="male">
            <label for="male">Male</label>
            <input type="radio" id="female" name="female" value="female">
            <label for="female">Female</label><br>
            <label for="">Organization: </label>
            <input type="text" id="organization" name="organization" value="" placeholder="">
        </fieldset>
        <fieldset style="border: 2px solid black;">
            <legend>Event Preferences</legend>
            <label for="track">Track: </label>
            <select id="Select Track" name="track" id="track" aria-placeholder="" value="">
                <option value="Select Track">Select Track</option>
            </select><br>
            <label for="attending">Days attending: </label>
            <input type="checkbox" id="day" name="day 1">
            <label for="">Day 1 </label>
            <input type="checkbox" id="day" name="day 1">
            <label for="">Day 2 </label>
            <input type="checkbox" id="day" name="day 1">
            <label for="">Day 3 </label>
            <input type="checkbox" id="day" name="day 1">
            <label for="">Day 4 </label>
            <input type="checkbox" id="day" name="day 1">
            <label for="">Day 5 </label>
        </fieldset>
    </form>
</body>
```

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```
03_practice_Question.html 04_practice_Question.html 01_practice_Question- 1.html 02_practice_Question.html
02_practice_Question.html > html > body > form > fieldset > input#contact number
2   <html lang="en">
8   <body>
10  <form action="abc.yuvি">
30   <fieldset style="border: 2px solid black;">
35     </select><br>
36     <label for="attending">Days attending: </label>
37     <input type="checkbox" id="day" name="day 1">
38     <label for="">Day 1 </label>
39     <input type="checkbox" id="day" name="day 1">
40     <label for="">Day 2 </label>
41     <input type="checkbox" id="day" name="day 1">
42     <label for="">Day 3 </label>
43     <input type="checkbox" id="day" name="day 1">
44     <label for="">Day 4</label>
45     <input type="checkbox" id="day" name="day 1">
46     <label for="">Day 5</label><br>
47     <label for="">T-Shirt Size: </label>
48     <select>
49       <option value="">M</option>
50       <option value="">L</option>
51       <option value="">S</option>
52       <option value="">XL</option>
53       <option value="">XXL</option>
54     </select><br>
55     <label for="">Upload ID Proof: </label>
56     <input type="file" id="id proof" name="id proof" accept=".jpg,.png,.jpeg," multiple required>
57   </fieldset>
58   <fieldset style="border: 2px solid black;">
59     <legend>Additional Information</legend>
60     <label for="">Dietary Restrictions: </label>
61     <textarea id="Restrictions" name="Dietary Restrictions" rows="4" cols="50"></textarea><br>
62     <label for="Special Requests">Special Requests: </label>
63     <textarea id="requests" name="Special requests" rows="4" cols="50"></textarea><br>
64     <label for="">Agree to Terms: </label>
65     <input type="checkbox" id="terms" name="agree to terms">
66   </fieldset>
67     <input type="submit" id="register" name="register" placeholder="" value="Register">
68   </form>
69 </body>
70 </html>
```

Conference Registration Form

Participant Information

Name:

Email: abc@gmail.com

Contact Number:

Gender: Male Female

Organization: _____

Event Preferences

Track: Select Track ▾

Days attending: Day 1 Day 2 Day 3 Day 4 Day 5

T-Shirt Size: M ▾

Upload ID Proof: Choose Files No file chosen

Additional Information

Dietary Restrictions

Digitized by srujanika@gmail.com

Special Report

Special Request

Agree to Terms:

Register

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03_practice_Question.html X 04_practice_Question.html 01_practice_Question- 1.html 02_practice_Question.htm ... Facebook Login Page X

http://127.0.0.1:3000/03_practice_Question.html?serverWindowId=c1c39cf6-329b-4...

1 <!DOCTYPE html>
2 <html>
3 <head>
4 <title>Facebook Login Page</title>
5 </head>
6 <body>
7 <fieldset>
8 <center><h1><code>facebook</code></h1>
9 <label for="email"></label>
10 <input type="text" id="email" name="email" placeholder="Enter your email..."/>

11 <label for="password"></label>
12 <input type="text" id="pwd" name="pwd" value="" placeholder="password"/>

13 <input type="submit" value="Log In">
14 <p>Forgotten password?</p>

15 <input type="submit" value="Create New Account"/></center>
16 </fieldset>
17 </body>
18 </html>

facebook

Enter your email...

password

Log In

[Forgotten password?](#)

Create New Account

×

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EXPLORER ... 03_practice_Question.html 04_practice_Question.html ✎ 01_practice_Question- 1.html ⚙️ □ □ ... Gmail Login Page ✎

OPEN EDITORS GROUP 1 03_practice_Quest... 04_practice_Quest... 01_practice_Quest... 02_practice_Quest... GROUP 2 Gmail Login Page

PPT 11,12 > ppt 13 14 15 16 01_practice_Quest... 02_practice_Quest... 03_practice_Quest... 04_practice_Quest... button example.html class work.html kg lecture.html smiley.gif

04_practice_Question.html

```
<!DOCTYPE html>
<html>
  <head>
    <title>Gmail Login Page</title>
  </head>
  <body>
    <fieldset>
      <center><h1><span style="color:blue">G</span><span style="color:red">o</span><span style="color:orange">n</span><span style="color:blue">l</span><span style="color:red">e</span></h1>
      <h2>Sign in</h2>
      <p>to continue to Gmail</p>
      <label for="email"></label>
      <input type="text" id="email" placeholder="Email"><br>
      <label for="password"></label>
      <input type="text" id="pwd" name="pwd" value="" placeholder="password"><br><br>
      <p><span style="color:blue"><a href="#">Forgot email?</a></span></p>
      <p><span style="color:blue"><a href="#">Create account</a></span></p>
      <input type="submit" value="Next">
      <p>Not your computer? Use Private Browsing windows to sign<br>in.<span style="color:blue"><a href="#">Learn more</a></span></p>
    </center>
  </fieldset>
</body>
</html>
```

Gmail Login Page ✎ http://127.0.0.1:3000/04_practice_Question.html?serverWindowId

Google Sign in to continue to Gmail Email password

Forgot email? Create account Next

Not your computer? Use Private Browsing windows to sign in Learn more

Ln 22, Col 9 Spaces: 4 UTF-8 CRLF {} HTML ⚙️ Port: 3000 Go Live