**HTML Task to know usage of basic tags.**

1. Fix the bugs in below snippet

<html lang="en">

<head>

<title>Document

<body>

guvi

</title>

</head>

<div>

Lorem ipsum dolor sit amet consectetur adipisicing elit.

<div>

<div>

Guvi Geek Network

</div>

</body>

</html>

**Ans.**

<html lang="en">

<head><title>Document guvi</title></head>

<body>

<div>

<p>Lorem ipsum dolor sit amet consectetur adipisicing elit.</p>

</div>

<div>

<p>Guvi Geek Network</p>

</div>

</body>

</html>

1. Try the below one

<html lang="en">

<head>

<title>Document

<body>

guvi

</head>

<div>

Lorem ipsum dolor sit amet consectetur adipisicing elit.

<div>

<div>

Guvi Geek Network

</div>

</body>

</html>

Ans.

<html lang="en">

<head>

<title>Document guvi</title>

</head>

<body>

<div>Lorem ipsum dolor sit amet consectetur adipisicing elit.

</div>

<div> Guvi Geek Network

</div>

</body>

</html>

1. Design a contact us form with all fields as required.

**Ans**.

<html>

<head><title>Contact-us Form</title>

</head>

<style>

span {

color: red;

}

</style>

<body>

<h2>Contact us</h2>

<form id="contactus\_form" method="POST">

<div>

<label for="name"><span>\*</span>Your name:</label><br />

<input id="name" name="name" type="text" value="" size="30" /><br />

</div>

<div>

<label for="email"><span>\*</span>Your email:</label><br />

<input id="email" name="email" type="text" value="" size="30" /><br />

</div>

<div>

<label for="message"><span>\*</span>Your message:</label><br />

<textarea id="message" name="message" rows="7" cols="30"></textarea><br/>

</div>

<input id="submit\_button" type="submit" value="Send email" />

</form>

</body>

</html>

1. Use certain HTML elements to display the following in a HTML page.

* Programming Language
  + JavaScript
    1. Angular
    2. React
    3. Vue.js
  + Python
    1. Django Framework
    2. Flask Framework
  + Java
    1. Spring
    2. Maven
    3. Hibernate
* Database
  + MySQL
  + MongoDB
  + Cansandra

**Ans.**

<html lang="en">

<head>

<title>Nested List</title></head>

<body>

<ul type="disc">

<li> Programming Language

<ul type="circle">

<li>JavaScript

<ol type="a">

<li>Angular</li>

<li>React</li>

<li>Vue.js </li>

</ol>

</li>

<li>Python

<ol type="a">

<li>Django Framework</li>

<li> Flask Framework</li>

</ol>

</li>

<li>Java

<ol type="a">

<li> Spring</li>

<li> Maven</li>

<li> Hibernate</li>

</ol>

</li>

</ul>

</li>

<li>Database

<ul type="circle">

<li>MySql</li>

<li> MongoDB</li>

<li>Cansanadra</li>

</ul>

</li>

</ul>

</body>

</html>

1. Create an element that helps you to open the [https://google.com](https://google.com/) in separate new tab.

**Ans.**

<html>

<head><title>Hyperlink in new tab</title><head>

<body>

<a href=”[https://google.com](https://google.com/)” target=””>Click Here</a>

</body>

</html>

1. In the form, add two radio buttons with grouping them for employee type(Salaried and own business)

**Ans**.

<form>

<fieldset id=”salaried”>

<input type=”radio” value=””>

<input type=”radio” value=””>

</fieldset>

<fieldset id=”ownbusiness”>

<input type=”radio” value=””>

<input type=”radio” value=””>

</fieldset>

</form>

1. Design form shown in the link (<http://evc-cit.info/cit040/formguide/card_0.png>)

Ans.

Ans. <!DOCTYPE html>

<html lang="en">

<head>

    <meta charset="UTF-8">

    <meta http-equiv="X-UA-Compatible" content="IE=edge">

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

    <title>Document</title>

    <style>

         .line {

             border-bottom-style: solid;

             border-bottom-width: 3.1px;

             width:max-content;

             font-family: "Brush Script MT", cursive; font-size: 24px; font-style: normal; font-variant: normal; font-weight: 700; line-height: 26.4px;

         }

     </style>

</head>

<body style="border: solid; width: 30%; align-content: center;">

    <div style="background-color: red;color:white; text-align: center;">

       <h3>Yes! I want to subscribe to<i> Mag-O-Zine</i></h3></div>

       <div><span style="padding-left: 50px; padding-right: 30px;" class="line">Joe</span>

        <span style="padding-left: 30px; padding-right: 100px;" class="line">Schmegeggie</span></div>

       <div><span style="padding-left: 20px; padding-top: 5px;"> First Name</span>

        <span style="padding-left: 100px; padding-top: 5px;">Last Name</span></div>

       <div class="line" style="padding-left: 50px; padding-bottom: 10px; padding-right: 100px;">1001 Washington Street</div>      <div>Address</div>

       <div>

        <span style="padding-left: 40px; padding-right: 20px;" class="line">First Floor</span>

        <span style="padding-left: 30px; padding-right: 20px;" class="line">CA</span>

        <span style="padding-left: 40px; padding-right: 20px;" class="line">9999</span>

        </div>

        <div>

        <span style="padding-left: 50px; padding-top: 5px;">City</span>

        <span style="padding-left: 120px; padding-top: 5px;">State</span>

        <span style="padding-left: 50px; padding-top: 5px;">Zip</span>

        </div>

        <div><span><b>Subscribe for: <input type="checkbox" checked>1 Year($19.95) <input type="checkbox">

        2 years ($35.00)</b></span></div>

        <div><b>Send me more information about:</b></div>

        <div><b><input type="checkbox" checked> Computer\_Zine</b></div>

        <div><b><input type="checkbox"> Fishing\_Zine</b></div>

        <div><b><input type="checkbox" checked> Cat\_O\_Zine</b></div>

</body>

</html>

1. Use the table tag to design given image [Click here](https://www.bapugraphics.com/assets/img/port_upload_dir/table-4.jpg).

**Ans.**

<head>

    <meta charset="UTF-8">

    <meta http-equiv="X-UA-Compatible" content="IE=edge">

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

    <title>Document</title>

    <style>

        table,th,td,tr{

        border:1px solid gray;

        border-collapse: collapse;

        text-align: center;

       padding: 20px;

                }

    </style>

    </head>

<body>

    <H3 align="center">Health Chart</H3>

    <table align="center">

                <tr>

                <th rowspan="2"> State of Health</th>

                <th colspan="2"> Fasting Value</th>

                <th> After Eating</th>

                </tr>

            <tr>

                <th>Minimun</th>

            <th>    Maximum      </th>

            <th>2 hours after eating</th>

            </tr>

            <tr>

                <td>  Healthy      </td>

                <td> 70       </td>

                <td>  100      </td>

                <td>    Less than 140    </td>

            </tr>

            <tr>

                <td>   Pre-Diabetes     </td>

                <td>   101     </td>

                <td>    126    </td>

                <td>  14-200      </td>

            </tr>

            <tr>

                <td>   Diabetes     </td>

                <td>     More than 126   </td>

                <td>  Not applicable      </td>

                <td>  More than 200      </td>

            </tr>

    </table>

</body>

</html>

1. Write HTML input tags snippet to show default values for all Form elements.

Ans.

<html>

<body>

<h1>HTML Form with values</h1>

<form action="#">

<label for="fname">First Name :</label>

<input type="text" id="fname" name="fname" value="ABC"><br><br>

<label for="lname">Last Name :</label>

<input type="text" id="lname" name="lname" value="XYZ"><br><br>

<label for="email">Email Address:</label>

<input type="text" id="email" name="email" value="xyz@abc.com"><br><br>

<label for="contact">Contact No. :</label>

<input type="text" id="contact" name="contact" value="9999999999"><br><br>

<input type="submit" value="Submit">

</form>

</body>

</html>

1. In your, HTML page add the below line and Highlight it without using any CSS.

"HTML & CSS is awesome"

**Ans**.

<html>

<head><title>Highlight</title>

</head>

<body>

<p><mark>"HTML & CSS is awesome"</mark></p>

</body>

</html>

1. Create an HTML page, which should contain all types of input elements.

**Ans.**

**Ans**. <!DOCTYPE html>

<html lang="en">

<head>

    <meta charset="UTF-8">

    <meta http-equiv="X-UA-Compatible" content="IE=edge">

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

    <title>Pan update form</title>

    <style>

        span{color: red;}

        table,

        tr,

        td {

            border: 1px solid black;

            border-collapse: collapse;

        }

        \* {

            margin: 0px;

        }

    </style>

</head>

<body>

    <div style="background-color:rgb(245, 244, 177);">

    <div style="background-color: maroon; text-align: center; color: white;">

    <h3>Request for new Pan card or/and changes and correction in Pan Data </h3>

    <p style="font-style: italic;">Fields marked with

        <span>\*</span>asterisk are Mandatory and To avoid Mistakes follow the <u style="color: yellow;">guidelines</u> and

        <u style="color: yellow;">instructions</u> </p>

    </div>

    <div style="font-weight: bold;">

        <table width="100%">

        <tr>

            <td></td>

            <td colspan="2"><span>\*</span>Whether citizen of India

                <label for="yes" style="padding-left: 40px; font-weight: lighter;"> Yes</label>

                <input type="radio" name="" id="yes">

                <label for="no" style="padding-left: 20px;font-weight: lighter;"> No</label>

                <input type="radio" name="" id="no">

            </td>

        </tr>

        <tr>

            <td></td>

            <td colspan="2"><span>\*</span> Parmanent Acount Number(PAN)<input type="text" name="" id=""></td>

        </tr>

        <tr><td><input type="checkbox" name="" id=""></td>

        <td colspan="2"><span>\*</span>1. Name</td></tr>

        <tr><td></td><td colspan="2">Title <label for="mr" style="padding-left: 40px; font-weight: lighter;">Shri/Mr.</label>

            <input type="radio" name="" id="mr">

            <label for="mrs" style="padding-left: 20px;  font-weight: lighter;">Smt/Mrs.</label>

            <input type="radio" name="" id="mrs">

            <label for="ms" style="padding-left: 20px;  font-weight: lighter;">Kumari/Ms</label>

            <input type="radio" name="" id="ms"></td></tr>

            <tr>

                <td></td>

                <td colspan="2">

                    <div>

                         <div style="display:inline-block;">

                            <label for="sirname">Last Name/Surname</label><br>

                            <input type="text" name="" id="sirname">

                        </div>

                        <div style="display: inline-block; padding-left: 100px;">

                            <label for="mname">Middle Name</label><br>

                            <input type="text" name="" id="mname">

                        </div>

                        <div style="display: inline-block; padding-left: 100px;">

                            <label for="fname">First Name</label><br>

                            <input type="text" name="" id="fname">

                        </div>

                    </div>

                </td>

            </tr>

            <tr><td></td><td colspan="2"><span>\*</span>

                <div style="display: inline;">Name as you would like to print on the card</div>

                <div style="color: blue; display: inline;">

                (Prefix like mr.,ms,smt,shri,late,dr,ca,mrs,m/s, alias etc. are not allowed)

            </div></td></tr>

            <tr><td></td><td colspan="2"> <input type="text" name="" id=""></td></tr>

            <tr>

             <td></td>

            <td colspan="2"><div style="display: inline;"> Details of Patents</div>

                <div style="color: blue; display: inline;">

                    (Prefix like mr.,ms,smt,shri,late,dr,ca,mrs,m/s, alias etc. are not allowed)</div></td>

            </tr>

            <tr>

                <td></td>

                <td>Whether mother is single parent and you wish to apply for

                    PAN by furnishing the name of your<br>mother only</td>

                    <td><label for="yes" style="padding-left: 40px; font-weight: lighter;"> Yes</label>

                    <input type="radio" name="" id="yes">

                    <label for="no" style="padding-left: 20px;font-weight: lighter;"> No</label>

                    <input type="radio" name="" id="no"></td>

            </tr>

             <tr><td><input type="checkbox" name="" id=""></td>

                <td colspan="2"><span>\*</span>

                    <div style="display: inline;">2. Father's Name </div>

                    <div style="color: blue; display: inline;">

                    (Mandatory field.Even married women should give father's name only)

                </div></td></tr>

                <tr>

                    <td></td>

                    <td colspan="2">

                        <div>

                             <div style="display:inline-block;">

                                <label for="sirname">Last Name/Surname</label><br>

                                <input type="text" name="" id="sirname">

                            </div>

                            <div style="display: inline-block; padding-left: 100px;">

                                <label for="mname">Middle Name</label><br>

                                <input type="text" name="" id="mname">

                            </div>

                            <div style="display: inline-block; padding-left: 100px;">

                                <label for="fname">First Name</label><br>

                                <input type="text" name="" id="fname">

                            </div>

                        </div>

                    </td>

                </tr>

                <tr><td><input type="checkbox" name="" id=""></td>

                    <td colspan="2">

                        <div style="display: inline;">3. Mother's Name </div>

                        <div style="color: blue; display: inline;">

                        (This field is optional)

                    </div></td></tr>

                    <tr>

                        <td></td>

                        <td colspan="2">

                            <div>

                                 <div style="display:inline-block;">

                                    <label for="sirname">Last Name/Surname</label><br>

                                    <input type="text" name="" id="sirname">

                                </div>

                                <div style="display: inline-block; padding-left: 100px;">

                                    <label for="mname">Middle Name</label><br>

                                    <input type="text" name="" id="mname">

                                </div>

                                <div style="display: inline-block; padding-left: 100px;">

                                    <label for="fname">First Name</label><br>

                                    <input type="text" name="" id="fname">

                                </div>

                            </div>

                        </td>

                    </tr>

                    <tr>

                        <td></td>

                       <td><div style="display: inline;"> <span>\*</span> 4. Select Parent name which is to be printed on the card</div>

                           <div style="color: blue; display: inline;">

                               (In case no option is provided then PAN card will be issued with father's name)</div></td>

                               <td><label for="father" style="padding-left: 40px; font-weight: lighter;"> Father Name</label>

                                <input type="radio" name="" id="father">

                                <label for="mother" style="padding-left: 20px;font-weight: lighter;">Mother Name</label>

                                <input type="radio" name="" id="mother"></td>

                            </tr>

                            <tr><td><input type="checkbox" name="" id=""></td>

                                <td><span>\*</span>

                                    <div style="display: inline;">6. Gender </div></td>

                                    <td><label for="male" style="padding-left: 40px; font-weight: lighter;"> Male</label>

                                        <input type="radio" name="" id="female">

                                        <label for="female" style="padding-left: 20px;font-weight: lighter;">Female</label>

                                        <input type="radio" name="" id="female">

                                        <label for="trans" style="padding-left: 20px;font-weight: lighter;">TransGender</label>

                                        <input type="radio" name="" id="trans">

                                    </td></tr>

                                    <tr><td><input type="checkbox" name="" id=""></td>

                                        <td colspan="2"><span>\*</span>

                                            <div style="display: inline;">7. Photo Mismatch </div></td></tr>

                                     <tr><td><input type="checkbox" name="" id=""></td>

                                                <td colspan="2"><span>\*</span>

                                                    <div style="display: inline;">8. Signature Mismatch </div></td></tr>

                                                    <tr><td><input type="checkbox" name="" id=""></td>

                                                        <td><span>\*</span>

                                                            <div style="display: inline;">9. Address for Communication </div></td>

                                                            <td><label for="res" style="padding-left: 40px; font-weight: lighter;"> Residential</label>

                                                                <input type="radio" name="" id="res">

                                                                <label for="office" style="padding-left: 20px;font-weight: lighter;">Office</label>

                                                                <input type="radio" name="" id="office">

                                                                </td></tr>

                                                        </table></div>

</div>

</body>

</html>