

HTML

Lesson 5



HTML – Forms

<form>

.....

</form>

HTML forms are used to pass data to a server.

| Tag | Description |
|---|--|
| <u><form></u> | Defines an HTML form for user input |
| <u><input></u> | Defines an input control |
| <u><textarea></u> | Defines a multiline input control (text area) |
| <u><label></u> | Defines a label for an <input> element |
| <u><fieldset></u> | Groups related elements in a form |
| <u><legend></u> | Defines a caption for a <fieldset> element |
| <u><select></u> | Defines a drop-down list |
| <u><optgroup></u> | Defines a group of related options in a drop-down list |
| <u><option></u> | Defines an option in a drop-down list |
| <u><button></u> | Defines a clickable button |

HTML – Forms

The Input Element:

The `<input>` element is used to select user information.

1.

```
<form>
```

First name: `<input type="text" name="firstname">` `
`

Last name: `<input type="text" name="lastname">`

```
</form>
```

2.

```
<form>
```

Password: `<input type="password" name="password">`

```
</form>
```

HTML – Forms

The Input Element:

3.

```
<form>
  <input type= "radio" name="gender" value="male" > Male<br>
  <input type= "radio" name="gender" value="female" >Female
</form>
```

4.

```
<form>
  <input type= "checkbox" name="vehicle1" value="Bike" >
    I have a bike<br>
  <input type= "checkbox" name="vehicle2" value="Car" >
    I have a car
</form>
```

HTML – Forms

The Input Element:

5.

```
<form>  
    <input type= "button" value= " Hello World!" >  
</form>
```

A submit button is used to send form data to a server.

6.

```
<form action="html_form_action.php" method="get" >  
    Username: <input type="text" name="user">  
    <input type="submit" value="Submit">  
</form>
```

HTML – Forms

Textarea:

```
<textarea rows="10" cols="30" name=" message" >  
    The cat was playing in the garden.  
</textarea>
```

Select:

```
<form >  
    <select name="cars">  
        <option value="volvo">Volvo</option>  
        <option value="saab">Saab</option>  
        <option value="fiat">Fiat</option>  
        <option value="audi">Audi</option>  
    </select>  
</form>
```

HTML – Forms

Select (optgroup):

```
<form >
  <select name="cars">
    <optgroup label="Swedish Cars">
      <option value="volvo">Volvo</option>
      <option value="saab">Saab</option>
    </optgroup>
    <optgroup label="German Cars">
      <option value="mercedes">Mercedes</option>
      <option value="audi" > Audi</option>
    </optgroup>
  </select>
</form>
```

HTML – Forms

Fieldset

```
<form >
  <fieldset>
    <legend> Personal information: </legend>
    Name: <input type="text" size="30"> <br>
    E-mail: <input type="text" size="30"> <br>
    Date of birth: <input type="text" size="10">
  </fieldset>
</form>
```


HTML – Forms

Selected and checked:

```
<form>  
  <input type= "radio" name= "gender" value= "male"  
checked= "checked" > Male<br>  
  <input type= "radio" name= "gender" value= "female" >Female  
</form>
```

```
<form>  
  <input type= "checkbox" name= "a1" value= "Yes"  
checked= "checked" > Yes<br>  
  <input type= "checkbox" name= "a2" value= "No" > No <br>  
  <input type= "checkbox" name= "a3" value= "maybe" > Maybe  
</form>
```

HTML – Forms

Selected and checked:

```
<form >
  <select name="cars">
    <option value="volvo" >Volvo</option>
    <option value="saab">Saab</option>
    <option value="fiat" selected="selected" >Fiat</option>
    <option value="audi">Audi</option>
  </select>
</form>
```

HTML – Forms

Labels:

```
<form >
<label for="firstname" >Firstname</label>
<input type="text" name="firstname" id="firstname">
<br>

<label for="lastname">Lastname</label>
<input type="text" name="lastname" id="lastname">
<br>

<label for="male">Male</label>
<input type="radio" name="gender" id="male" >
<label for="female">Female</label>
<input type="radio" name="gender" id="female" >
<br>

<input type="submit" value="Submit">
</form>
```

HTML – Forms

Some attributes:

```
<form >
<label for="firstname" >Firstname</label>
<input type="text" name="firstname"
id="firstname"  required_>
<br>

<label for="country">Country</label>
<input type="text" name=" country "
id=" country" maxlength="5" readonly value=
"country " >
<br>
<input type="reset" value="Reset">
<input type="submit" value="Submit">
</form>
```

Task1:

| | |
|--|---|
| Firstname | <input type="text"/> |
| Lastname | <input type="text"/> |
| Select Country | --Select Country-- <input type="button" value="v"/> |
| Lastname | <input type="text"/> |
| Comment | <div><div></div></div> |
| Do you like HTML? | Yes <input type="radio"/> No <input type="radio"/> |
| <input type="button" value="Submit"/> <input type="button" value="Reset"/> | |

Task 2:

STUDENT REGISTRATION FORM

| FIRST NAME | <input type="text"/> | (max 30 characters a-z and A-Z) | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------------------|----------------------|----------------------|------------|-----------------|---|---------|----------------------|----------------------|----------------------|---|-----------|----------------------|----------------------|----------------------|---|------------|----------------------|----------------------|----------------------|---|---------|----------------------|----------------------|----------------------|--------------------------------|
| LAST NAME | <input type="text"/> | (max 30 characters a-z and A-Z) | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMAIL ID | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOBILE NUMBER | <input type="text"/> | (10 digit number) | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENDER | Male <input type="radio"/> Female <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | <input type="text"/> | (max 30 characters a-z and A-Z) | | | | | | | | | | | | | | | | | | | | | | | | | |
| PIN CODE | <input type="text"/> | (6 digit number) | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE | <input type="text"/> | (max 30 characters a-z and A-Z) | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTRY | <input type="text" value="India"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOBBIES | Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="checkbox"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUALIFICATION | <table><thead><tr><th>Sl.No.</th><th>Examination</th><th>Board</th><th>Percentage</th><th>Year of Passing</th></tr></thead><tbody><tr><td>1</td><td>Class X</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>2</td><td>Class XII</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3</td><td>Graduation</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>4</td><td>Masters</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table> | Sl.No. | Examination | Board | Percentage | Year of Passing | 1 | Class X | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 | Class XII | <input type="text"/> | <input type="text"/> | <input type="text"/> | 3 | Graduation | <input type="text"/> | <input type="text"/> | <input type="text"/> | 4 | Masters | <input type="text"/> | <input type="text"/> | <input type="text"/> | (10 char max) (upto 2 decimal) |
| Sl.No. | Examination | Board | Percentage | Year of Passing | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Class X | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Class XII | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Graduation | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Masters | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| COURSES APPLIED FOR | BCA <input type="radio"/> B.Com <input type="radio"/> B.Sc <input type="radio"/> B.A <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="button" value="Submit"/> <input type="button" value="Reset"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |