# **CSE 3002**

### INTERNET & WEB PROGRAMMING



Lab Activity 2

L29+L30 | PLB117A

FALL SEMESTER 2021-22

by

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#### Question

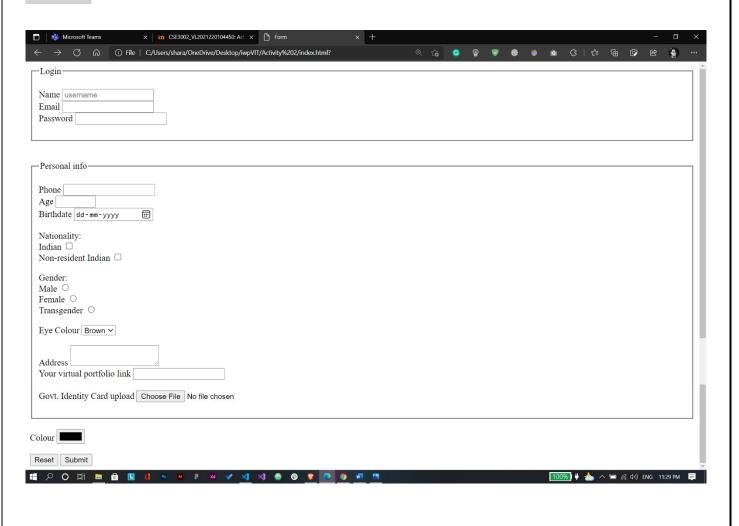
## Activity - 2

Mark as done

Create a following web form using HTML5 tags form elements. You are expected to use the given HTML5 tags.

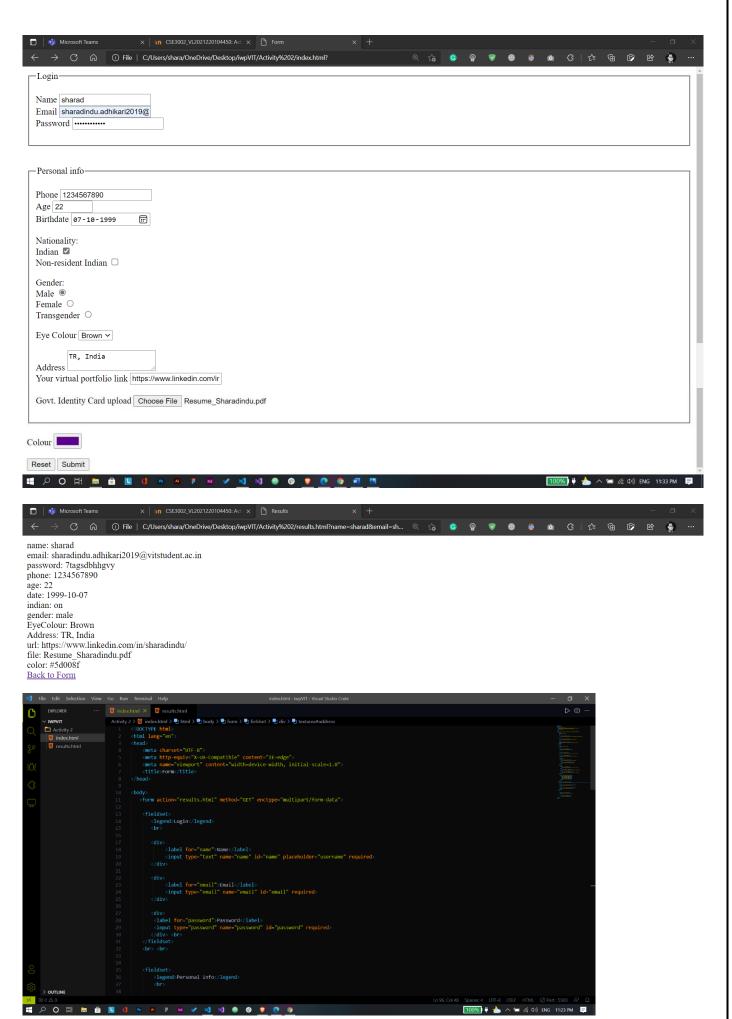
- form
- fieldset and legend for grouping elements.
- input textbox, email, date, password, radio button, check box, file uploading.
- textarea
- · select and option for list
- button Submit Button

#### Solution



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3



```
<!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>Form</title>
</head>
<body>
   <form action="results.html" method="GET" enctype="multipart/form-data">
    <fieldset>
       <legend>Login</legend>
       <br>>
       <div>
            <label for="name">Name</label>
            <input type="text" name="name" id="name" placeholder="username" required>
       </div>
       <div>
            <label for="email">Email</label>
            <input type="email" name="email" id="email" required>
       </div>
       <div>
        <label for="password">Password</label>
        <input type="password" name="password" id="password" required>
       </div> <br>
    </fieldset>
    <br> <br>>
    <fieldset>
        <legend>Personal info</legend>
        <br>
       <div>
           <label for="phone">Phone</label>
           <input type="tel" name="phone" id="phone">
       </div>
       <div>
            <label for="age">Age</label>
            <input type="number" name="age" id="age" min="1" max="150">
       </div>
```

```
<div>
     <label for="date">Birthdate</label>
     <input type="date" name="date" id="date" min="1870-12-1">
</div> <br>
<div>
    Nationality:
    <div>
        <label for="indian">Indian</label>
        <input type="checkbox" name="indian" id="indian">
    </div>
    <div>
        <label for="nri">Non-resident Indian</label>
        <input type="checkbox" name="nri" id="nri">
    </div>
</div> <br>
<div>
   Gender:
    <div>
        <label for="male">Male</label>
        <input type="radio" name="gender" id="male" value="male">
    </div>
    <div>
         <label for="female">Female</label>
         <input type="radio" name="gender" id="female" value="female">
    </div>
    <div>
         <label for="trans">Transgender</label>
         <input type="radio" name="gender" id="trans" value="trans">
    </div>
</div> <br>
<div>
    <label for="EyeColour">Eye Colour</label>
    <select name="EyeColour" id="EyeColour">
        <option value="Brown">Brown</option>
        <option value="Blue">Blue</option>
        <option value="Hazel">Hazel</option>
        <option value="Green">Green</option>
        <option value="Black">Black</option>
    </select>
</div> <br>
<div>
    <label for="address">Address</label>
    <textarea id="address" name="Address"></textarea>
</div>
<div>
    <label for="url">Your virtual portfolio link</label>
```

```
<input type="url" name="url" id="url">
       </div> <br>
      <div>
           <label for="file">Govt. Identity Card upload</label>
           <input id="file" type="file" name="file">
       </div> <br>
    </fieldset>
    <br>
      <div>
           <label for="color">Colour</label>
           <input type="color" name="color" id="color">
       </div> <br>
            <button type="reset">Reset</button>
            <button type="submit">Submit</button>
   </form>
</body>
</html>
```