

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

The screenshot shows a web browser window with a single tab titled 'Form'. The address bar shows the file path: C:/Users/shara/OneDrive/Desktop/fwpVIT/Activity%202/index.html? The form is displayed within the browser window and consists of two main sections:

Login

Name

Email

Password

Personal info

Phone

Age

Birthdate

Nationality:

Indian ☐

Non-resident Indian ☐

Gender:

Male ☐

Female ☐

Transgender ☐

Eye Colour

Address

Your virtual portfolio link

Govt. Identity Card upload No file chosen

Below the form, there is a 'Colour' label with a black color picker and two buttons: 'Reset' and 'Submit'.

Microsoft Teams x CSE3002_VL2021220104450: Act x Form x +

File | C:/Users/shara/OneDrive/Desktop/iwpVIT/Activity%202/index.html?

Login

Name

Email

Password

Personal info

Phone

Age

Birthdate

Nationality:
Indian ☒
Non-resident Indian ☐

Gender:
Male ☒
Female ☐
Transgender ☐

Eye Colour

Address

Your virtual portfolio link

Govt. Identity Card upload Resume_Sharadindu.pdf

Colour

Microsoft Teams x CSE3002_VL2021220104450: Act x Results x +

File | C:/Users/shara/OneDrive/Desktop/iwpVIT/Activity%202/results.html?name=sharad&email=sh...

name: sharad
email: sharadindu.adhikari2019@vitstudent.ac.in
password: 7tagsdbhhgvy
phone: 1234567890
age: 22
date: 1999-10-07
indian: on
gender: male
EyeColour: Brown
Address: TR, India
url: https://www.linkedin.com/in/sharadindu/
file: Resume_Sharadindu.pdf
color: #5d008f
[Back to Form](#)

index.html - iwpVIT - Visual Studio Code

```
1 <doctype html>
2 <html lang="en">
3 <head>
4   <meta charset="UTF-8">
5   <meta http-equiv="X-UA-Compatible" content="IE=edge">
6   <meta name="viewport" content="width=device-width, initial-scale=1.0">
7   <title>Form</title>
8 </head>
9
10 <body>
11   <form action="results.html" method="GET" enctype="multipart/form-data">
12
13     <fieldset>
14       <legend>Login</legend>
15       <br>
16
17       <div>
18         <label for="name">Name</label>
19         <input type="text" name="name" id="name" placeholder="username" required>
20       </div>
21
22       <div>
23         <label for="email">Email</label>
24         <input type="email" name="email" id="email" required>
25       </div>
26
27       <div>
28         <label for="password">Password</label>
29         <input type="password" name="password" id="password" required>
30       </div>
31     </fieldset>
32     <br>
33
34     <fieldset>
35       <legend>Personal info</legend>
36       <br>
37
38
```

Code:

```
<!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>
  </form>
</body>
</html>
```

```
<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>
```