

## QUESTION 1

```
<!DOCTYPE html>

<html>

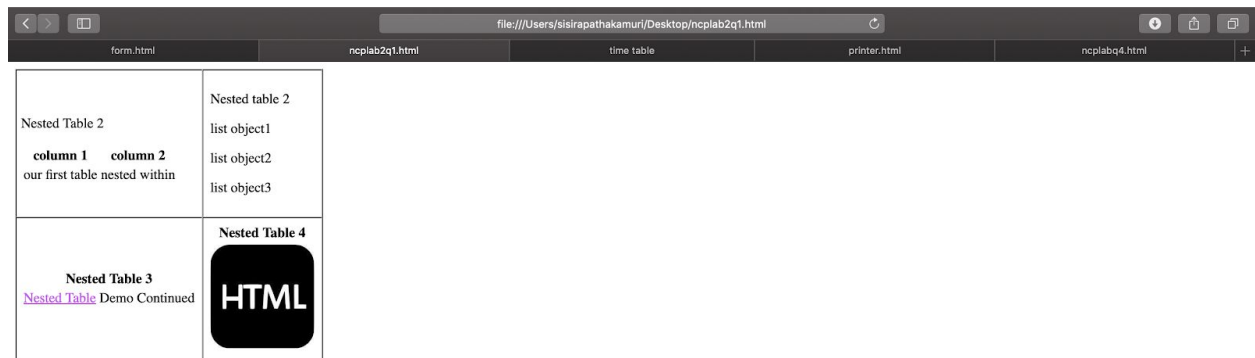
<table border=1 bgcolor=white cellpadding="5" cellspacing="0">
<tr>
    <td>
        <p>Nested Table 2</p>
        <table>
            <th>column 1</th>
            <th>column 2</th>
            <tr>
                <td>our first table</td>
                <td>nested within</td>
            </tr>
        </table>
    </td>
    <td>
        <table>
            <tr>
                <td>
                    <p>Nested table 2</p>
                    <p>list object1</p>
                    <p>list object2</p>
                    <p>list object3</p>
                </td>
            </tr>
        </table>
    </td>
</tr>

<tr>
    <td>
        <table>
            <tr> <th colspan="2" align="center"> Nested Table 3 </th> </tr>
            <tr>
                <td> <a href=""> Nested Table </a> </td>
                <td> Demo Continued </td> </tr>
        </table> </td>
    <td>
```

```

<table>
  <tr> <th> Nested Table 4 </th> </tr>
  <tr>
    <td>  </td> </tr> </table>
  </td>
</tr>
</table>
</table>
</html>

```



## QUESTION 2

```

<html>
<head>
  <title>time table</title>
</head>
<body bgcolor=white>

```

```

<H1><FONT COLOR="DARKCYAN"><CENTER>COLLEGE TIME TABLE</FONT></H1>
<table border="2" cellpadding="3" align="center">
<tr>
<td align="center">
<td>8:30-9:30
<td>9:30-10:30
<td>10:3-11:30
<td>11:30-12:30
<td>12:30-2:00
<td>2:00-3:00
<td>3:00-4:00
<td>4:00-5:00
</tr>
<tr>
<td align="center">MONDAY
<td align="center"><font color="blue">
<p>
SICP(15CSE402)
<p>
-Dr. Raghesh Kumar
</p>
</p><br>
<td align="center">---
<td align="center">---<br>
<td align="center">---<br>
<td rowspan="6" align="center">L<br>U<br>N<br>C<br>H
<td align="center" colspan="2"><font color="maroon">
<p>
ELECTIVE -FODS(15CSE431)
</p>
<p>
-Dr. Priyanka Kumar
</p>
<br>
<td align="center">counselling class
</tr>
<tr>
<td align="center">TUESDAY
<td align="center"><font color="blue"><p>

```

```

MLDM(15CSE401)

<p>
    -Mr.Manu Madhavan
</p>

</p><br>
<td align="center"><font color="red"><p>
    DP(15CSE343)
    <p>
        -Dr. N Lalithamani
    </p>
</p><br>
<td align="center"><font color="pink">---<br>
<td align="center"><p>
    FODS(16CSE431)
    <p>
        - Dr. Priyanka kumar
    </p>
</p>

<td align="center"><font color="orange">---<BR>
<td align="center"><font color="maroon">---<br>
<td align="center">----
</tr>
<tr>
<td align="center">WEDNESDAY
<td align="center"><font color="pink">
    <p>
        ELECTIVE -FODS(15CSE431)
    </p>
<p>
    -Dr. Priyanka Kumar
</p><br>
<td align="center"><font color="orange">
    <p>
        MLDM(15CSE401)
    <p>
        -Mr.Manu Madhavan
    </p>

```

```
</p><br>
<td align="center"><font color="brown">---<br>
<td align="center"><p>
    SICP(15CSE402)
<p>
    -Dr. Raghesh Kumar
</p>
</p><br>
<td colspan="2" align="center"><font color="green"> <p>
    MLDM(15CSE401)
<p>
    -Mr.Manu Madhavan
</p>

</p>
</tr>
<tr>
<td align="center">THURSDAY
<td align="center"><p>
    DP(15CSE343)
<p>
    -Dr. N Lalithamani
</p>
</p><br>
<td align="center"><font color="brown">---<br>
<td align="center"><font color="orange">Soft skills<BR>
<td align="center">
<p>
    NCP(15CSE376)
<p>
    -Dr.C Arunkumar
</p>
</p><br>
<td align="center"><font color="blue">---<br>
<td align="center"><font color="red">---<br>
<td align="center">library
</tr>
<tr>
```

```
<td align="center">FRIDAY
<td align="center"><font color="orange"><p>
    NCP(15CSE376)
    <p>
        -Dr.C Arunkumar
    </p>
</p><br>
<td align="center"><font color="maroon"><p>
    ELECTIVE -FODS(15CSE431)
</p>
<p>
    -Dr. Priyanka Kumar
</p><br>
<td align="center"><font color="blue">---<br>
<td align="center"><p>
    SICP(15CSE402)
    <p>
        -Dr. Raghesh Kumar
    </p>
</p><br>
<td align="center" colspan="2"><font color="pink"><p>
    NCP LAB(15CSE376)
    <p>
        -Dr.C Arunkumar
    </p>
</p><br>
<td align="center">---
</tr>
<tr>
<td align="center">SATURDAY
<td align="center"><font color="red"><p>
    SICP(15CSE402)
    <p>
        -Dr. Raghesh Kumar
    </p>
</p><br>
<td align="center"><font color="pink">---<br>
<td align="center"><font color="brown"><p>
```

```

DP(15CSE343)

<p>
    -Dr. N Lalithamani
</p>
</p><br>
<td align="center"><p>
    MLDM(15CSE401)
    <p>
        -Mr.Manu Madhavan
    </p>
</p><br>
</tr>
</body>
</html>

```



## COLLEGE TIME TABLE

	8:30-9:30	9:30-10:30	10:3-11:30	11:30-12:30	12:30-2:00	2:00-3:00	3:00-4:00	4:00-5:00
MONDAY	SICP(15CSE402) -Dr. Raghesh Kumar	---	---	---	L U N C H	ELECTIVE -FODS(15CSE431) -Dr. Priyanka Kumar		counselling class
TUESDAY	MLDM(15CSE401) -Mr.Manu Madhavan	DP(15CSE343) -Dr. N Lalithamani	---	FODS(16CSE431) - Dr. Priyanka kumar		---	---	----
WEDNESDAY	ELECTIVE -FODS(15CSE431) -Dr. Priyanka Kumar	MLDM(15CSE401) -Mr.Manu Madhavan	---	SICP(15CSE402) -Dr. Raghesh Kumar		MLDM(15CSE401) -Mr.Manu Madhavan		
THURSDAY	DP(15CSE343) -Dr. N Lalithamani	---	Soft skills	NCP(15CSE376) -Dr.C Arunkumar		---	---	library
FRIDAY	NCP(15CSE376) -Dr.C Arunkumar	ELECTIVE -FODS(15CSE431) -Dr. Priyanka Kumar	---	SICP(15CSE402) -Dr. Raghesh Kumar		NCP LAB(15CSE376) -Dr.C Arunkumar		---
SATURDAY	SICP(15CSE402) -Dr. Raghesh Kumar	---	DP(15CSE343) -Dr. N Lalithamani	MLDM(15CSE401) -Mr.Manu Madhavan				

### QUESTION 3

```

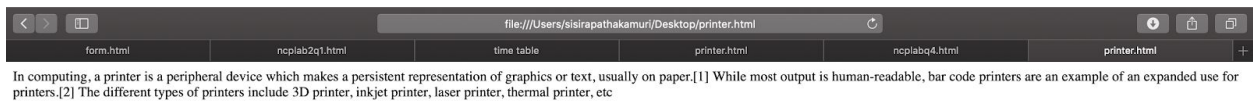
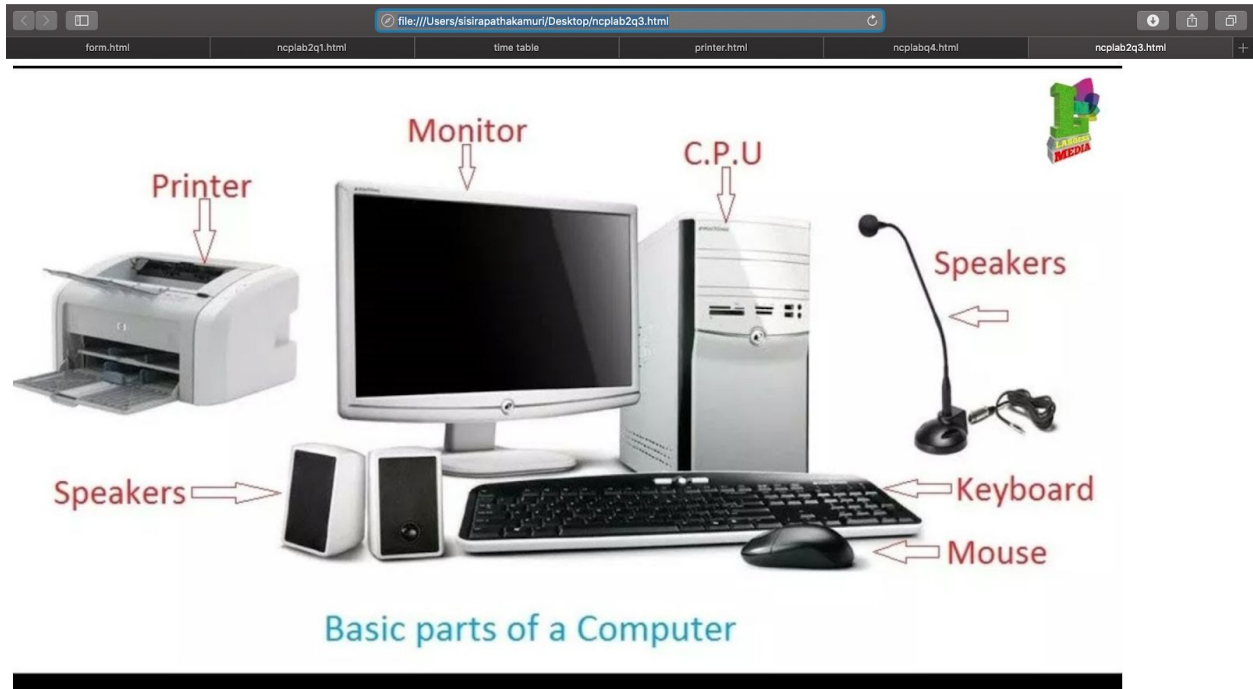
<!DOCTYPE html>

<html>

```

```
<head>
<title>
</title>
</head>
<body>
  
<map name="h">
  <area shape="rect" coords="4,211,327,400" alt="printer"
href="/Users/sisirapathakamuri/Desktop/printer.html">
  <area shape="rect" coords="376,136,722,385" alt="Monitor"
href="/Users/sisirapathakamuri/Desktop/monitor.html">
  <area shape="rect" coords="774,173,921,460" alt="cpu"
href="/Users/sisirapathakamuri/Desktop/cpu.html">
  <area shape="rect" coords="325,438,492,565" alt="speakers"
href="/Users/sisirapathakamuri/Desktop/speakers.html">
  <area shape="rect" coords="850,537,973,576" alt="Mouse"
href="/Users/sisirapathakamuri/Desktop/mouse.html">
  <area shape="rect" coords="536,481,1038,522" alt="keyboard"
href="/Users/sisirapathakamuri/Desktop/keyboard.html">
  <area shape="rect" coords="974,170,1102,445" alt="mic"
href="/Users/sisirapathakamuri/Desktop/mic.html">
</map>
</body>
</html>
```





QUESTION 4

```

<!DOCTYPE html>
<html>
<head>
    <style>

    </style>
</head>
<body>
    <div>
        <fieldset style='border-style: solid;
        border-width: 5px;width: 100%;
        height:500px;border-color: slategrey'>
        <form method ='POST'>
            <table border=1>
                <tr>
                    <td> <INPUT TYPE="Radio" Name="id" Value="id">id</td>
                    <td> <INPUT TYPE="Radio" Name="pass" Value="pass">Passport</td>
                    <td> <label for ='num' id="num" >Number</label>
                    <input style=' width:350px' type ='text' , name='num' /></td>
                    <td><label align=right for ='papp' id="papp">Passport exp date</label>
                    <input align=right type ='date' , name='num' /> </td>
                    <td><label for ='cnt' id="cnt">Passport Country</label>
                    <select name='cnt'>
                        <option value='Value 1'>India</option>
                        <option value='Value 2'>USA</option>
                        <option value='Value 3'>London</option>
                    </select>
                </td>

                </tr>
            </table>
            <table border=1>
                <tr>
                    <td colspan="2">
                        <label for ='title' id="title">Title</label>
                        <select name='title'>
                            <option value='Value 1'>Mr</option>
                            <option value='Value 2'>Mrs</option>
                            <option value='Value 3'>Miss</option>

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        </select>
    </td>

    <td>

        <label for ='first' id="first">First Name</label>
        <input type ='text' , name='first' />
    </td>

    <td>

        <label for ='last' id="first">Last Name</label>
        <input type ='text' , name='last' />
    </td>
</tr>

<tr>

    <td colspan="2">

        <label for ='title' id="demo">Demo-Car ID</label>
        <input type ='text' , name='demo' />
    </td>

    <td>

        <label for ='card' id="card">Company Card no:</label>
        <input type ='text' , name='card' />
    </td>

    <td>

        <label for ='birth' id="birth">Birth Date</label>
        <input type ='date' , name='birth' />
    </td>
</tr>
</table>

<table border=1>
<tr>

    <td colspan=2>

        <label for ='lic' id="lic">License Country</label>
        <select name='lic'>
            <option value='Value 1'>USA</option>
            <option value='Value 2'>UK</option>
            <option value='Value 3'>Germany</option>
        </select>
    </td>

    <td>

        <label for ='iss' id="iss">Issue Date</label>

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        <input type ='date' , name='iss' />
    </td>

    <td>

        <label for ='iata' id="iata">IATA</label>
        <input type ='text' , name='iata' , text-align="right" />
    </td>
</tr>

<tr>

    <td colspan="2">

        <label for ='diss' id="diss">Driver license no.</label>
        <input type ='text' , name='iss' />
    </td>

    <td>

        <label for ='eiss' id="iss">Expiry Date</label>
        <input type ='date' , name='eiss' />
    </td>

    <td>

        <label for ='ddiss' id="ddiss">Phone 1</label>
        <input type ='text' , name='ddiss',text-align="right" />
    </td>
</tr>

<tr>

    <td colspan="3">

        <label for ='add' id="add">Address line1</label>
        <textarea name='add' , cols='30' rows ='1'></textarea>
    </td>

    <td>

        <label style='text-align:right' for ='piata' id="piata">Phone
2</label>

        <input type ='text' , name='iata',text-align="right" />
    </td>
</tr>

<tr>

    <td colspan="3">

        <label for ='add1' id="add">Address line2</label>
        <textarea name='add1' , cols='30' rows ='1'></textarea>
    </td>

    <td>

```

```

        <label style='text-align:right' for ='piata' id="piata">Fax 1</label>
        <input type ='text' , name='iata',text-align="right"/>
    </td>
</tr>
<tr>
    <td>
        <label for ='ddiss' id="ddiss">City/State</label>
        <input type ='text' , name='ddiss' />
    </td>
    <td>
        <label for ='ddiss' id="ddiss">Zip</label>
        <input type ='text' , name='ddiss' />
    </td>
    <td>
        <label for ='ddiss' id="ddiss">Country</label>
        <select name='ddis'>
            <option value='Value 1'>USA</option>
            <option value='Value 2'>UK</option>
            <option value='Value 3'>Germany</option>
        </select>
    </td>
    <td>
        <label for ='ddiss' id="ddiss">SMS Number</label>
        <input type ='text' , name='ddiss' />
    </td>
</tr>
</table>
<table border=1>
<tr>
    <td>
        <label for ='eiss' id="iss">Employer</label>
        <input type ='date' , name='eiss' />
    </td>
    <td>
        <label for ='eiss' id="iss">Customer Source Type</label>
        <select name='eiss'>
            <option value='Value 1'>Media</option>
            <option value='Value 2'>UK</option>
            <option value='Value 3'>Germany</option>
        </select>
    </td>
</tr>
</table>

```

```

        </select>
    </td>

    <td>

        <label for ='eiss' id="iss">Email</label>

        <input type ='text' , name='eiss' />

    </td>

</tr>

<tr>

    <td colspan="2">

        <label for ='eiss' id="iss">Local Address</label>

        <input type ='text' , name='eiss' />

    </td>

    <td>

        <label for ='eiss' id="iss">Local Phone</label>

        <input type ='text' , name='eiss' />

    </td>

</tr>

</table>

```

```

<!-- <fieldset style='border-style: solid;
border-width: 5px;width: 400px;
height:500px;border-color: slategrey'>
<fieldset style='
width: 400px;
height:300px;
border-radius:25px;'><legend>Personal Data</legend>
    <label for ='last' id="last">Last Name*</label>
    <br>
    <input style=' width:350px' type ='text' , name='last' />
    <br><br>
    <label align ='left' for ='first' id="first">First Name*</label>

    <label style=' float:right' for ='middle' id="middle">Middle Name*</label>

    <br>
    <input align='left' style='width:180px' type ='text' , name='first' />

```

```

        <input style=' width:200px' style=' float:right' type ='text' ,
name='middle' />

        <br><br>

        <label for ='email' id="email">Email*</label>

        <br>

        <input style=' width:350px' type ='text' , name='email' />

        <br><br>

Sahithya Airtel, [24.07.20 16:01]

<label style=' width:350px' for ='resume' id="email">Resume*</label>

        <br>

        <textarea name='resume' , cols='50' rows ='5'></textarea>

</fieldset>

<fieldset style='
width: 400px;
height:150px;
border-radius:25px;'><legend>Job</legend>

        <label style=' float:right' for ='wage' id="wage">Hour Wage*</label>

        <label for ='position' id="position">Position applied for*</label>

        <br>

        <select style=' width:200px' name='position'>
                <option value='Value 1'
                selected='selected'>Administration</option>
                <option value='Value 2'>Engineer</option>
        </select>

        <input style=' float:right' style=' width:100px' type ='text' ,
name='wage' />

        <br><br>

        <label for ='date' id="date">Date you can start*</label>

        <label style=' float:right' for ='weekly' id="Weekly">Weekly
Hours*</label>

        <br>

        <select style=' width:40px' name='date1'>

```

```
        <option value='Value 1'
        selected='selected'>Jun</option>
        <option value='Value 2'>July</option>
        <option value='Value 2'>Aug</option>
    </select>
    <select style=' width:40px' name='date2'>
        <option value='Value 1'
        selected='selected'>10</option>
        <option value='Value 2'>20</option>
        <option value='Value 2'>30</option>
    </select>
    <select style=' width:40px' name='date3'>
        <option value='Value 1'
        selected='selected'>2020</option>
        <option value='Value 2'>2021</option>
        <option value='Value 2'>2022</option>
    </select>
    <input style=' float:right' style=' width:100px' type ='text' ,
name='weekly' />
    </fieldset>
    <input style=' float:right' type='submit' name='submit' />
</fieldset> -->
</form>
</div>
</body>
</html>
```



form.htmlncplab2q1.htmltime tablencplabq4.htmlprinter.htmlprinter.html

file:///Users/sisirapathakamuri/Desktop/ncplabq4.html

form.htmlncplab2q1.htmltime tablencplabq4.htmlprinter.htmlprinter.html

<input type="checkbox"/> id	<input type="checkbox"/> Passport	Number		Passport exp date	Passport Country	India
Title		Mr	First Name	Last Name		
Demo-Car ID		Company Card no:		Birth Date		
License Country		USA	Issue Date	IATA		
Driver license no.		Expiry Date		Phone 1		
Address line1				Phone 2		
Address line2				Fax 1		
City/State		Zip	Country	USA	SMS Number	
Employer		Customer Source Type		Media	Email	
Local Address				Local Phone		