

SMARTBRIDGE EXTERNSHIP

Modern Application Development (Java Spring Boot)

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WEEK 1 ASSIGNMENT – FORM WITH CSS

```
<!DOCTYPE html>
```

```
<html>
```

```
<head>
```

```
<style>
```

```
/* CSS styles for the form */
```

```
form {
```

```
width: 400px;
```

```
margin: 0 auto;
```

```
padding: 20px;
```

```
background-color: #f2f2f2;
```

```
border: 1px solid #ccc;
```

```
border-radius: 5px;
```

```
font-family: Arial, sans-serif;
```

```
}
```

```
label {
```

```
display: block;
```

```
margin-bottom: 10px;
```

```
font-weight: bold;
```

```
}
```

```
input[type="text"],
```

```
input[type="email"],
```

```
input[type="tel"],
select,
textarea {
  width: 100%;
  padding: 8px;
  border: 1px solid #ccc;
  border-radius: 4px;
  box-sizing: border-box;
  margin-bottom: 10px;
  resize: vertical;
}
```

```
select {
  height: 30px;
}
```

```
input[type="radio"] {
  margin-right: 5px;
}
```

```
input[type="submit"] {
  background-color: #4CAF50;
  color: white;
  padding: 10px 15px;
  border: none;
  border-radius: 4px;
  cursor: pointer;
}
```

```
input[type="submit"]:hover {
  background-color: #45a049;
```

```
}
</style>
</head>
<body>
  <form>
    <label for="name">Name:</label>
    <input type="text" id="name" name="name" placeholder="Your name.." required>

    <label for="email">Email:</label>
    <input type="email" id="email" name="email" placeholder="Your email.." required>

    <label for="phone">Phone Number:</label>
    <input type="tel" id="phone" name="phone" placeholder="Your phone number.." required>

    <label>Gender:</label>
    <input type="radio" id="male" name="gender" value="male" required>
    <label for="male">Male</label>

    <input type="radio" id="female" name="gender" value="female" required>
    <label for="female">Female</label>

    <input type="radio" id="other" name="gender" value="other" required>
    <label for="other">Other</label>

    <label for="address">Address:</label>
    <textarea id="address" name="address" placeholder="Your address.." required></textarea>

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

OUTPUT:

Name:

kulasekaran M

Email:

kulasekaran.2020@vitstudent.ac.in

Phone Number:

9597304897

Gender:

☐

Male

☒

Female

☐

Other

Address:

Plot.no-39,Dhakshin layout VIP street Bangalore

Submit