

# ASSINGMENT - 1

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20BCE1137

```
<!DOCTYPE html>
<html>
<head>
  <style>
    body {
      font-family: "Times New Roman", Times, serif;
      background-color: #f7f7f7;
      margin: 0;
      padding: 20px;
    }

    form {
      max-width: 400px;
      margin: 0 auto;
      background-color: #fff;
      padding: 20px;
      border-radius: 4px;
      box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
    }

    h2 {
      text-align: center;
      margin-bottom: 20px;
      color: #333;
    }

    label {
      display: block;
      margin-bottom: 8px;
    }

    input[type="text"],
    input[type="date"],
    input[type="tel"],
    input[type="email"] {
      width: 100%;
      padding: 10px;
      border: 1px solid #ccc;
      border-radius: 4px;
      box-sizing: border-box;
      margin-bottom: 20px;
      font-size: 14px;
    }

    textarea{
      width: 100%;
      height: 80px;
      padding: 12px 20px;
      box-sizing: border-box;
    }
  }
}
```

```
input[type="submit"] {  
  background-color: #4CAF50;  
  color: #fff;  
  padding: 10px 20px;  
  border: none;  
  border-radius: 4px;  
  cursor: pointer;  
  font-size: 16px;  
}
```

```
}  
  
input[type="submit"]:hover {  
  background-color: #d9d9d9;  
  color: #16cc1c;  
}  
</style>  
</head>  
<body>  
  <form>  
    <h2>INFORMATION FORM</h2>  
  
    <label for="name">Name:</label>  
    <input type="text" id="name" name="name" required>  
  
    <label for="dob">Date of Birth:</label>  
    <input type="date" id="dob" name="dob" required>  
  
    <label for="gender">Gender:</label>  
    <select id="gender" name="gender" required>  
      <option value="none" selected disabled hidden> -- Select -- </option>  
      <option value="male">Male</option>  
      <option value="female">Female</option>  
      <option value="other">Other</option>  
    </select>  
  
    <br>  
    <br>  
  
    <label for="phone">Phone Number:</label>  
    <input type="tel" id="phone" name="phone" required>  
  
    <label for="address">Address:</label>  
    <textarea id="address" name="address" required></textarea>  
    <br>  
    <br>  
  
    <label for="email">Email:</label>  
    <input type="email" id="email" name="email" required>  
  
    <input type="submit" value="Submit">  
  </form>  
</body>  
</html>
```

(1) WhatsApp

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Form HTML CSS.html

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INFORMATION FORM

Name:

Date of Birth:

dd-mm-yyyy

Gender:

-- Select --

Phone Number:

Address:

Email:

Submit

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## INFORMATION FORM

Name:

Date of Birth:

Gender:

Phone Number:

Address:

Email:

Submit