Assignment 1

Name: Peer Hammad Hameed Thoker

Registration Number: 20BCE10143

Form.html page-

<!DOCTYPE html>

<html lang="en">

<head>

      <link rel="stylesheet" href="form.css">

<title>Student Details</title>

</head>

<body>

  <form>

    <fieldset id="i1">

    <legend>Student Details</legend>

     <p class="c1" >

         First name: <input type = "text" name = "fname" />

  </p>

   <p class="c2" >

         Last name: <input type = "text" name = "lname" />

  </p>

   <p>

         <input type = "radio" name = "Gender" value = "Male"> Male

         <input type = "radio" name = "Gender" value = "Female"> Female

</p>

<p>

Student ID: <input type = "text" name = "ID" />

</p>

<p>

State: <input type = "text" name = "ID" />

</p>

<p>

Phone Number: <input type = "text" name = "phone" />

</p>

 <p id="i2">

      <input type = "submit" name = "submit" value = "Submit" />

    </p>

</fieldset>

</form>

</body>

</html>

Form.css page-

p{

    color: rgb(5, 188, 69);

    font-size: large;

    font-weight: 500;

}

.c1,.c2{

    color: blueviolet;

    font-size: larger;

    font-family: Georgia, 'Times New Roman', Times, serif;

}

#i1{

    background-color: rgb(229, 205, 175);

}

#i2{

    padding: 1%;

    text-align: center;

    background-color: rgb(210, 161, 108);

}