# NAME : NELAKURTHI AKASH REDDY

# REG NO: 20BCE2216

**Modern Application Development (Java Spring Boot) Assignment -1**

```html
<!DOCTYPE html>
<html lang="en">
<head>

<style>
form{
font-weight: bold;
}
.d1{
width:99%;
position: absolute;
height: 6%;x
overflow-y: hidden;
white-space:nowrap;
background-color:#053b6e;
}
label{
width: 240px;
display: inline-block;
text-align: right;
}
select{
width:200px;
height:30px;
padding: 6px;
font-size: 14px;
}
textarea{
resize: none;
border-radius: 5px;
}
.other label{
vertical-align: top;
}
.d2{
left:330px;
position: absolute;
top: 95px;
```

```html
}
.submit{
position: absolute;
bottom: 10px;
left:600px;
}
</style>
</head>
<body>
<header>
<div class="d1">
</div>
</header>
<form>
<div class="d2">
<section>
<label for="year">Academic Year : </label>
<select name="year" id="year"
style="border-radius: 4px; width:250px;">
<option value="null">-</option>
<option value="'19">2019</option>
<option value="'20">2020</option>
<option value="'21">2021</option>
<option value="'22">2022</option>
</select>
</section><br>
<section>
<label for="semester">Semester : </label>
<select name="semester" id="semester"
style="border-radius: 4px; width:250px;">
<option value="null">-</option>
<option value="fall 20-21">Fall sem 2020-21</option>
<option value="winter 20-21">Winter sem 2020-21</option>
<option value="fall 21-22">Fall sem 2021-22</option>
<option value="winter 21-22">Winter sem 2021-22</option>
<option value="fall 22-23">Fall sem 2022-23</option>
<option value="winter 22-23">Winter sem 2022-23</option>
</select>
</section><br>
<section>
<label for="degree">Degree : </label>
<select name="degree" id="degree"
style="border-radius: 4px; width:250px;">
<option value="null">-</option>
<option value="CS">Computer Science</option>
<option value="ece">Electonic and Communications</option>
<option value="eee">Electrical and Electonic</option>
<option value="civil">Civil</option>
```

```html
<option value="mech">Mechanical</option>
<option value="arts">Arts</option>
</select>
</section><br>
<section>
<label for="college">Capstone Project done at : </label>
<select name="college" id="college"
style="border-radius: 4px; width:360px;">
<option value="null">-</option>
<option value="VIT">Vellore Institute of
Technology</option>
<option value="other">Other University</option>
</select>
</section><br>
<section class="other">
<label for="title">Project Title : </label>
<textarea name="title" id="title" cols="65" rows="3"
placeholder="Project Title"></textarea>
</section><br>
<section>
<label for="students">No of students in the batch : </label>
<input type="number" id="students" min="0" placeholder="0"
style="border-radius: 4px; height:25px;">
</section><br>
<section class="other">
<label for="regno">Registration Numbers of students : </label>
<textarea name="regid" id="regid" cols="45" rows="7"
placeholder="List Registration Nos of the studentsone below
the other (or) Copy and Paste the registration numbers alone from Excel or
Spreadsheet"></textarea>
</section><br>
<section>
<label for="institute">Name of Industry/Institute : </label>
<input type="text" required name="institute" id="institute"
placeholder="Name of Industry"
style="width:350px; height:25px; border-radius: 5px;">
</section><br>
<section>
<label for="country">Country : </label>
<select name="country" id="country" style="border-radius:
5px;">
<option value="null">-</option>
<option value="Bangladesh">Bangladesh</option>
<option value="India">India</option>
<option value="UAE">UAE</option>
<option value="Nepal">Nepal</option>
</select>
</section>
```

```
</div>
<div class="submit">
<input type="submit" value="Submit" style="backgroundcolor:#bfbcf7; border-
color:#bfbcf7; color:white">
<input type="reset" value="Reset" style="background-color:#053b6e;
border-color:#053b6e; color:white">
</div>
</form>
</body>
</html>
```

| | |
|---|---|
| Academic Year : | – |
| Semester : | – |
| Degree : | – |
| Capstone Project done at : | – |
| Project Title : | Project Title |
| No of students in the batch : | 0 |
| Registration Numbers of students : | List Registration Nos of the studentsone below the other (or) Copy and Paste the registration numbers alone from Excel or Spreadsheet |
| Name of Industry/Institute : | Name of Industry |
| Country : | – |

Submit  Reset