MODERN APPLICATION DEVELOPMENT – JAVA SPRING BOOT

WEEK 1 ASSIGNMENT

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REGISTER NUMBER: 20BCE2339

CREATE A FORM USING HTML AND CSS

CODE:

HTML FILE:

```html
<!DOCTYPE html>
<html>
    <head>
        <title>20BCE2339 - Assignement1</title>
        <link rel="stylesheet" href="assignment1.css">
    </head>
    <body>
        <form method="post">
            <table>
                <tr>
                    <td>
                        <label for="name" id="name">Name:</label>
                    </td>
                    <td>
                        <input type="text" class="h" name="name" id="name"
size="30" height="30px" required>
                    </td>
                </tr>
                <tr>
                    <td>
                        <label for="reg" id="reg">Registration Number:</label>
                    </td>
                    <td>
                        <input type="text" class="h" name="reg" id="reg"
size="30" required>
                    </td>
                </tr>
                <tr>
                    <td>
                        <label for="email" id="email">E-mail ID:</label>
```

```html
                    </td>
                    <td>
                        <input type="email" class="h" name="email" id="email"
size="30" required>
                    </td>
                </tr>
                <tr>
                    <td>
                        <label for="no" id="no">Mobile Number:</label>
                    </td>
                    <td>
                        <input type="text" class="h" name="no" id="no"
size="30" required>
                    </td>
                </tr>
                <tr>
                    <td>
                        <label for="dob" id="dob">Date of Birth:</label>
                    </td>
                    <td>
                        <input style="font-size: 1.85rem" class="h"
type="date" name="dob" id="dob" size="30" required>
                    </td>
                </tr>
                <tr>
                    <td>
                        <label for="add" id="add">Address:</label>
                    </td>
                    <td>
                        <textarea name="add" class="h" id="add" cols="29"
required></textarea>
                    </td>
                </tr>
                <tr>
                    <td>
                        <label for="gen" id="gen">Gender:</label>
                    </td>
                    <td>
                        <input type="radio" name="gen" id="gen"> Male
                        <input type="radio" name="gen" id="gen"> Female
                    </td>
                </tr>
                <tr>
                    <td>
                        <label for="sub" id="sub">Preferred Role:</label>
                    </td>
                    <td>
                        <input type="checkbox" name="sub" id="sub"> SD
```

```html
                                <input type="checkbox" name="sub" id="sub"> Web Dev
                                <input type="checkbox" name="sub" id="sub"> Data
Analysis
                        </td>
                    </tr>
                    <tr>
                        <td><label for="loc" id="loc">Location:</label></td>
                        <td>
                            <select class="h" name="loc" id="loc" style="width:
80%; text-align: center;" required>
                                <option >Chennai</option>
                                <option>Bengaluru</option>
                                <option>Hyderabad</option>
                                <option>Kolkata</option>
                                <option>Pune</option>
                            </select>
                        </td>
                    </tr>
                    <tr>
                        <td><label for="res" id="res" >Upload Resume:</label></td>
                        <td>
                            <input class="h" type="file" name="res"
id="res"  required>
                        </td>
                    </tr>
                </table><br><br>
                <button>Submit</button>
            </form>
        </body>
</html>
```
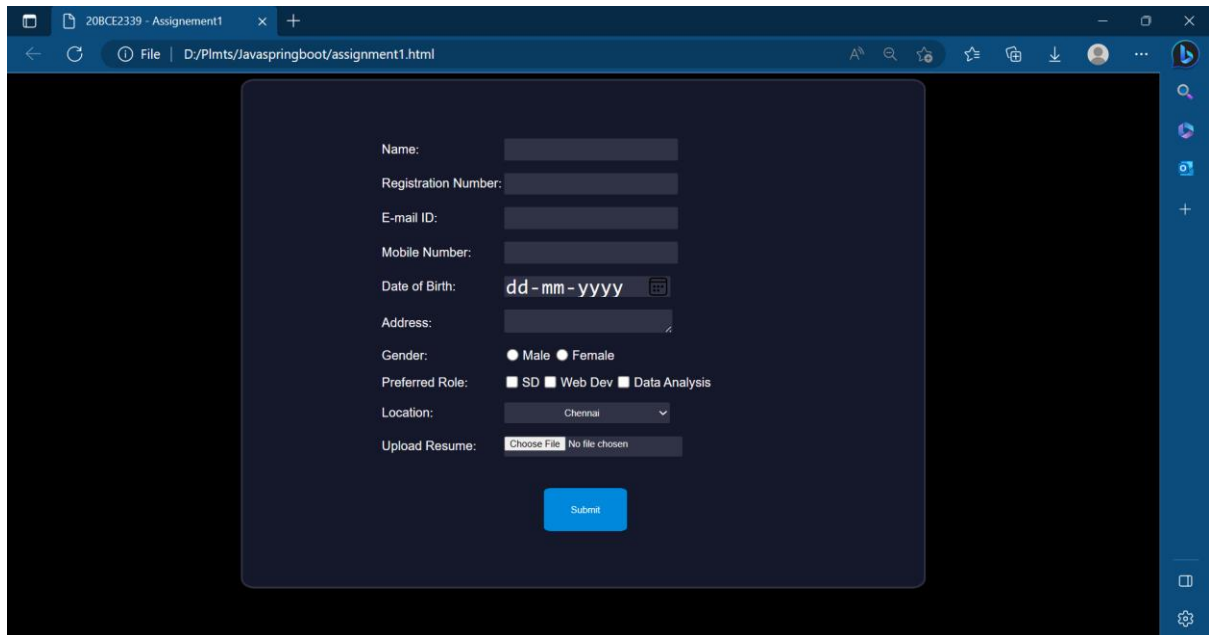
CSS FILE:

```css
input[type='radio']{
    transform: scale(1.3);
}
input[type='date']{
    color: white;
}
input[type='checkbox']{
    transform: scale(1.3);
}
.h{
    height: 29px;
}
body{
    background-color: black;
```

```css
    color: white;
    font-size: large;
    font-family: sans-serif;
}
form{
    border: solid #303245;
    border-radius: 2%;
    background-color: #15172b;
    margin-left: 20%;
    margin-right: 20%;
    padding-left: 12%;
    padding-top: 4%;
}
th, td {
    padding-top: 15px;
}
input,textarea,select{
    border-color: #303245;
    border-radius: 2px;
    border: 0;
    background-color: #303245;
    color: white;
}
button{
    margin-left:30%;
    margin-right:50%;
    margin-bottom: 10%;
    padding: 3%;
    padding-left: 5%;
    padding-right: 5%;
    border-radius: 10%;
    text-align: center;
    border: 1px solid black;
    background-color:  #08d;
    color: white;
}
```