

ASSIGNMENT-1

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CREATING A FORM IN HTML

CODE:

```
<!DOCTYPE html>
<html>
<style>
input[type=text], select {
  width: 100%;
  padding: 12px 20px;
  margin: 8px 0;
  display: inline-block;
  border: 1px solid #110c0c;
  border-radius: 4px;
  box-sizing: border-box;
}

input[type=submit] {
  width: 100%;
  background-color: #4a40d3;
  color: white;
  padding: 14px 20px;
  margin: 8px 0;
  border: none;
  border-radius: 4px;
  cursor: pointer;
}

input[type=submit]:hover {
  background-color: #2116be;
}

div {
  border-radius: 5px;
  background-color: #f4e7e7;
  padding: 20px;
}
</style>
<body>

<h1>Fill this Form</h1>

<div>
  <form action="/action_page.php">
```

```
<label for="fname">First Name</label>
<input type="text" id="fname" name="firstname" placeholder="Enter
Your First Name">

<label for="lname">Last Name</label>
<input type="text" id="lname" name="lastname" placeholder="Enter Your Last
Name">

<p>
<label for="dob">Date of Birth</label>
<input type="date" id="dob" name="DOB">
</p>

<p>
<label for="phnum">Mobile Number</label>
<input type="tel" id="Mobile" name="Mobile"
placeholder="e.g.1234567890">
</p>

<label for="designation">Designation</label>
<select id="designation" name="designation">
  <option value="none">select</option>
  <option value="ug">Under Graduation</option>
  <option value="pg">Post Graduation</option>
  <option value="diploma">Diploma</option>
  <option value="lecturer">Lecturer</option>
  <option value="employee">Employee</option>
</select>

<label for="fathername">Father Name</label>
<input type="text" id="fathername" name="fathername" placeholder="Enter
Your Father Name">

<p>
<label for="phnum">Mobile Number</label>
<input type="tel" id="Mobile" name="Mobile"
placeholder="e.g.1234567890">
</p>

<label for="mothername">Mother Name</label>
<input type="text" id="mothername" name="mothername" placeholder="Enter
Your Mother Name">

<p>
<label for="phnum">Mobile Number</label>
<input type="number" id="Mobile" name="Mobile"
placeholder="e.g.1234567890">
```

```
</p>

<label for="country">Country</label>
<select id="country" name="country">
  <option value="none">select</option>
  <option value="india">India</option>
  <option value="south korea">South Korea</option>
  <option value="America">America</option>
  <option value="canada">Canada</option>
  <option value="usa">USA</option>
  <option value="australia">Australia</option>
</select>

<label for="stet">State</label>
<input type="text" id="state" name="state" placeholder="Enter Your
State">

<label for="district">District</label>
<input type="text" id="district" name="district" placeholder="Enter
Your District">

<label for="city">City</label>
<input type="text" id="city" name="city" placeholder="Enter Your
city">

<label for="address">Address</label>
<input type="text" id="address" name="address" placeholder="Enter Your
Address">

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

</form>
</div>
</body>
</html>
```

OUTPUT:

Fill this Form

First Name

Enter Your First Name

Last Name

Enter Your Last Name

Date of Birth

dd-mm-yyyy

Mobile Number

e.g. 1234567890

Designation

select

Father Name

Enter Your Father Name

Mobile Number

e.g. 1234567890

Mother Name

Enter Your Mother Name

Mobile Number

e.g. 1234567890

Country

select

State

Enter Your State

District

Enter Your District

City

Enter Your city

Address

Enter Your Address

Submit