

← Day15-1.html



HTML

CSS

JS

OUTPUT



Smruti Awar

just now • 0 views

web



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PRIVATE

```

1 <!DOCTYPE html>
2 <html>
3   <head>
4     <link rel="stylesheet"
href="https://maxcdn.bootstrapcdn.com/bootstrap/3
.4.1/css/bootstrap.min.css">
5     <script
src="https://ajax.googleapis.com/ajax/libs/jquery
/3.7.1/jquery.min.js"></script>
6     <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/3
.4.1/js/bootstrap.min.js"></script>
7   </head>
8   <body>
9     <form method="get">
10      <div class="form-group">
11        Email address
12        <input type="email" class="form-control"
name="email" placeholder="Enter e-mail">
13      </div>
14      <div class="form-group">
15        password
16        <input type="password"
class="form-control" name="pass"
placeholder="password">
17      </div>
18      <div class="form-check">
19        <input type="checkbox"
class="form-check-input" id="examplecheck1">
20        <label class="form-check-lable"
for="examplecheck1">I agree</label>
21      </div>
22      <button type="submit" class="btn
btn-primary">submit</button>
23    </form>
24
25  </body>
26 </html>

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RUN



[←](#) Day15-1.html

HTML

CSS

JS

OUTPUT

Email address

password

☐ I agree

← Day15-3.html



HTML

CSS

JS

OUTPUT



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web



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PRIVATE

```

1 <!DOCTYPE html>
2 <html>
3   <head>
4     <link rel="stylesheet"
href="https://maxcdn.bootstrapcdn.com/bootstrap/3
.4.1/css/bootstrap.min.css">
5     <script
src="https://ajax.googleapis.com/ajax/libs/jquery
/3.7.1/jquery.min.js"></script>
6     <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/3
.4.1/js/bootstrap.min.js"></script>
7   </head>
8   <body>
9     <div class="container"
10       <form method="get">
11       <h1>Student Registration Form</h1>
12       <div class="form-group">
13         Name
14         <input type="text" class="form-control"
name="name" placeholder="Enter Name">
15       </div>
16       <div class="form-group">
17         Phone
18         <input type="number" class="form-control"
name="number" placeholder="Enter Phone">
19       </div>
20       <div class="form-group">
21         Address
22         <textarea class="form-control"
class="form-control" name="address"
placeholder="Enter Address"></textarea>
23       </div>
24       <div class="form-group">
25         Email Address
26         <input type="Email" class="form-control"
name="Email" placeholder="Enter email address">
27       </div>
28       <div class="form-group">
29         Admission year
30         <input type="password"

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RUN



← Day15-3.html



HTML

CSS

JS

OUTPUT



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11 mins • 2 views

web



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PRIVATE

```

name="name" placeholder="Enter Name">
15     </div>
16     <div class="form-group">
17         Phone
18         <input type="number" class="form-control"
name="number" placeholder="Enter Phone">
19     </div>
20     <div class="form-group">
21         Address
22         <textarea class="form-control"
class="form-control" name="address"
placeholder="Enter Address"></textarea>
23     </div>
24     <div class="form-group">
25         Email Address
26         <input type="Email" class="form-control"
name="Email" placeholder="Enter email address">
27     </div>
28     <div class="form-group">
29         Admission year
30         <input type="password"
class="form-control name="pass"
placeholder="password">
31     </div>
32     <div class="form-group">
33         Select class
34         <select class="form-select"
aria-label="Default select example">
35             <option selected>Open this select menu</
option>
36             <option value="1">FY</option>
37             <option value="2">SY</option>
38             <option value="3">TY</option>
39         </select>
40     </div>
41     <button type="submit" class="btn
btn-primary">Submit</button>
42 </form>
43 </div>
44 </body>
45 </html>

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RUN



[← Day15-3.html](#)

HTML

CSS

JS

OUTPUT

Student Registration Form

Name

Phone

Address

Email Address

Admission year

Select class

← Day15-3.html



HTML

CSS

JS

OUTPUT



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web



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PRIVATE

```
1 <!DOCTYPE html>
2 <html>
3   <head>
4     <link rel="stylesheet"
href="https://maxcdn.bootstrapcdn.com/bootstrap/3
.4.1/css/bootstrap.min.css">
5     <script
src="https://ajax.googleapis.com/ajax/libs/jquery
/3.7.1/jquery.min.js"></script>
6     <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/3
.4.1/js/bootstrap.min.js"></script>
7   </head>
8   <body>
9     <div class="container">
10       <form method="get">
11         <h1>Student Registration Form</h1>
12         <div class="form-group">
13           Name
14           <input type="text" class="form-control"
name="name" placeholder="Enter Name">
15         </div>
16         <div class="form-group">
17           Phone
18           <input type="number" class="form-control"
name="number" placeholder="Enter Phone">
19         </div>
20         <div class="form-group">
21           Address
22           <textarea class="form-control"
class="form-control" name="address"
placeholder="Enter Address"></textarea>
23         </div>
24         <div class="form-group">
25           Email Address
26           <input type="Email" class="form-control"
name="Email" placeholder="Enter email address">
27         </div>
28         <div class="form-group">
29           Admission year
30           <input type="password"
```

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RUN



← Day15-3.html



HTML

CSS

JS

OUTPUT



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54 mins • 4 views

web



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PRIVATE

```

23     </div>
24     <div class="form-group">
25         Email Address
26         <input type="Email" class="form-control"
name="Email" placeholder="Enter email address">
27     </div>
28     <div class="form-group">
29         Admission year
30         <input type="password"
class="form-control name="pass"
placeholder="password">
31     </div>
32     Date
33     <input type="date" class="form-control"
name="DOB" placeholder="Select DOB">
34     </div>
35     Adhar Card
36     <input type="file" class="form-control"
name="Adhar" placeholder="Select DOB">
37     </div>
38     <input class="form-check-input"
type="radio" value="male" name="flexRadioDefault"
id="flexRadioDefault1">
39     <label class="form-check-label"
for="flexRadioDefault1">
40         Male
41     </label>
42     </div>
43     <div class="form-check">
44     <input class="form-check-input"
type="radio" value="male" name="flexRadioDefault"
id="flexRadioDefault1">
45     <label class="form-check-label"
for="flexRadioDefault1">
46         Famle
47     </label>
48     </div>
49     <div class="form-group">
50         Select class
51         <select class="form-select"
aria-label="Default select example">

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RUN



← Day15-3.html



HTML

CSS

JS

OUTPUT



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PRIVATE

```

33         <input type="date" class="form-control"
name="DOB" placeholder="Select DOB">
34     </div>
35     Adhar Card
36     <input type="file" class="form-control"
name="Adhar" placeholder="Select DOB">
37 </div>
38     <input class="form-check-input"
type="radio" value="male" name="flexRadioDefault"
id="flexRedioDefault1">
39     <label class="form-check-label"
for="flexRadioDefault1">
40         Male
41     </label>
42 </div>
43     <div class="form-check">
44     <input class="form-check-input"
type="radio" value="male" name="flexRadioDefault"
id="flexRedioDefault1">
45     <label class="form-check-label"
for="flexRadioDefault1">
46         Famle
47     </label>
48 </div>
49     <div class="form-group">
50     Select class
51     <select class="form-select"
aria-label="Default select example">
52     <option selected>Open this select menu</
option>
53     <option value="1">FY</option>
54     <option value="2">SY</option>
55     <option value="3">TY</option>
56     </select>
57 </div>
58     <button type="submit" class="btn
btn-primary">Submit</button>
59 </form>
60 </div>
61 </body>
62 </html>

```

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RUN



[←](#) Day15-3.html

HTML

CSS

JS

OUTPUT

Student Registration Form

Name

Phone

Address

Email Address

Admission year

Date

Adhar Card

 No file chosen☐ Male☐ FemaleSelect class

← Day15-5.html



HTML

CSS

JS

OUTPUT



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35 mins • 1 view

web



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PRIVATE

```
1 <!DOCTYPE html>
2 <html>
3   <head>
4     <link rel="stylesheet"
href="https://maxcdn.bootstrapcdn.com/bootstrap/3
.4.1/css/bootstrap.min.css">
5     <script
src="https://ajax.googleapis.com/ajax/libs/jquery
/3.7.1/jquery.min.js"></script>
6     <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/3
.4.1/js/bootstrap.min.js"></script>
7   </head>
8   <body>
9     <label for="customRange1"
class="form-label">Example range</label>
10    <input type="range" class="form-range"
id="customRange1"
11
12    </body>
13 </html>
```

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RUN



← Day15-5.html



HTML

CSS

JS

OUTPUT

Example range



← Day15-6.html



HTML

CSS

JS

OUTPUT



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1 min • 2 views

web



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PRIVATE

```
1 <!DOCTYPE html>
2 <html>
3   <head>
4     <title>Page Title</title>
5   </head>
6   <body>
7     <form>
8       <body>
9 Hobbies
10 <input type="checkbox"><br>
11 Choose Color
12 <input type="color"><br>
13 DOB<input type="date"><br>
14 Birth time
15 <input type="datetime-local"><br>
16 Email Address
17 <input type="email"><br>
18 upload Resume
19 <input type="file"><br>
20 hide
21 <input type="hidden" value="secret"><br>Your
  image
22 <input type="image"><br>
23 Birth Month
24 <input type="month"><br>
25 Mobile number
26 <input type="number"><br>
27 Your password
28 <input type="password"><br>
29 Select
30 <input type="radio"><br>
31 Select Range
32 <input type="range"><br>
33 Please Reset
34 <input type="reset"><br>
35 Search here
36 <input type="search"><br>
37 Now submit
38 <input type="submit"><br>
39 Mobile Number
40 <input type="tel"><br>
```

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RUN



← Day15-6.html



HTML

CSS

JS

OUTPUT



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1 min • 2 views

web



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PRIVATE

```
14 Birth time
15 <input type="datetime-local"><br>
16 Email Address
17 <input type="email"><br>
18 upload Resume
19 <input type="file"><br>
20 hide
21 <input type="hidden" value="secret"><br>Your
  image
22 <input type="image"><br>
23 Birth Month
24 <input type="month"><br>
25 Mobile number
26 <input type="number"><br>
27 Your password
28 <input type="password"><br>
29 Select
30 <input type="radio"><br>
31 Select Range
32 <input type="range"><br>
33 Please Reset
34 <input type="reset"><br>
35 Search here
36 <input type="search"><br>
37 Now submit
38 <input type="submit"><br>
39 Mobile Number
40 <input type="tel"><br>
41 Write text
42 <input type="text"><br>
43 Submission Time
44 <input type="time"><br>
45 Valid URL
46 <input type="url"><br>
47 Valid url
48 <input type="week"><br>
49 Birth Week
50 </form>
51
52 </body>
53 </html>
```

TAB

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RUN



[←](#) Day15-6.html

HTML

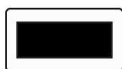
CSS

JS

OUTPUT

Hobbies ☐

Choose Color



DOB

Birth time

Email Address

upload Resume

Choose File

No file chosen

hide

Your image



Submit

Birth Month

Mobile number

Your password

Select ☐

Select Range

Please Reset

Reset

Search here

Now submit

Submit

Mobile Number

Write text

Submission Time

Valid URL

Valid url

Birth Week