

Assignment 6

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<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1">
  <title>Table- Assignment 6</title>
</head>
<body>
  <table border="2">
    <tr>
      <th>Decimal</th>
      <th>English</th>
      <th>Spanish</th>
      <th>Korean</th>
      <th>Binary</th>
    </tr>
    <tr>
      <td>1</td>
      <td>One</td>
      <td>Uno</td>
      <td>hanna</td>
      <td>0001</td>
    </tr>
    <tr>
      <td>2</td>
      <td>Two</td>
      <td>Dos</td>
      <td>Dool</td>
      <td>0010</td>
    </tr>
  </table>

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</tr>
<tr>
  <td>3</td>
  <td>Three</td>
  <td>Tres</td>
  <td>Set</td>
  <td>0011</td>
</tr>
<tr>
  <td>4</td>
  <td>Four</td>
  <td>Quatro</td>
  <td>Net</td>
  <td>0100</td>
</tr>
<tr>
  <td>5</td>
  <td>Five</td>
  <td>Cinco</td>
  <td>Dasat</td>
  <td>0101</td>
</tr>
</table>
</body>
</html>

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OUTPUT

Decimal	English	Spanish	Korean	Binary
1	One	Uno	hanna	0001
2	Two	Dos	Dool	0010
3	Three	Tres	Set	0011
4	Four	Quatro	Net	0100
5	Five	Cinco	Dasat	0101

Assignment- 7

```


<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>FORM- Assignment 7</title>
</head>
<body>
  <h1 align="center">Registration Login</h1>
  <table>
    <tr>
      <td> First name</td>
      <td>
        <input type="text"
          name="firstname"
          placeholder="Enter your First name"/>
      </td>
    </tr>
    <tr>
      <td> Last name</td>
      <td>
        <input type="text"
          name="lastname"
          placeholder="Enter your Last name"/>
      </td>
    </tr>
    <tr>
      <td> User name</td>
      <td>
        <input type="text"
          name="username"/>@indian.com
      </td>
    </tr>
    <tr>
      <td>Password</td>
      <td>
        <input type="password"
          name="password"
          placeholder="Atleast 6 characters"/>
      </td>
    </tr>
    <tr>
      <td>Password not entered</td>
    </tr>
    <tr>
      <td>Confirm Password</td>
      <td>
        <input type="password"
          name="password"/>
      </td>
    </tr>
    <tr>
      <td>Gender</td>
      <td>
        <input type="radio" name="gender"/>Male
        <input type="radio" name="gender"/>Female
      </td>
    </tr>
  </table>

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</tr>
<tr>
  <td>Date of Birth</td>
  <td><input type="date" name="date" />
</td>
</tr>
<tr>
  <td>Mobile number</td>
  <td><input type="number" name="number" />
</td>
</tr>
<tr>
  <td>city</td>
  <td><input type="text" name="city" />
</td>
</tr>
<tr>
  <td>State</td>
  <td><input type="text" name="state" />
</td>
</tr>
<tr>
  <td><button type="reset">Reset</button></td>
  <td><button type="submit">Submit form</button></td>
</tr>
</table>
</body>
</html>
```

OUTPUT

Registration Login

First name	<input type="text" value="Enter your First name"/>
Last name	<input type="text" value="Enter your Last name"/>
User name	<input type="text"/> @indian.com
Password	<input type="password" value="Atleast 6 characters"/>
Password not entered	
Confirm Password	<input type="password"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth	<input type="text" value="dd-mm-yyyy"/> 
Mobile number	<input type="text"/>
city	<input type="text"/>
State	<input type="text"/>
<input type="button" value="Reset"/>	<input type="button" value="Submit form"/>