

IPWT Lab Assessment

Lab-Assesment -2

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<https://github.com/sujaykumarmag/CSE2015>

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1 Question 1

Create a following web form using HTML5 tags form elements. You are expected to use the given HTML5 tags. • form • fieldset and legend for grouping elements. • input - textbox, email, date, password, radio button, check box, file uploading. • textarea • select and option for list • button - Submit Button

```
1 <!DOCTYPE html>
2 <html lang="en">
3
4 <head>
5 <meta charset="UTF-8">
6 <meta name="viewport" content="width=device-width, initial-scale=1.0">
7 <title>Assignment 2</title>
8 </head>
9
10 <body align="center">
11 <div >
12 <form>
13 <fieldset>
14 <legend>Feedback Form for Internet Services near your Locality</legend>
15 Email : <input type="text" name="email" value="Enter your Email" /> <br /><br />
16 Password : <input name="password" type="password" /><br /><br />
17 Date of Birth : <input type="date" name="dob" /><br /><br />
18
19 Your Profession
20 <select>
21 <option>Engineer</option>
22 <option>Consultant</option>
23 <option>Student</option>
24 <option>Lawyer</option>
25
26 </select><br /><br />
27
28 How well can you describe the Internet Services in your Locality<br />
29 <input type="radio" name="ack">Good</input>
30 <input type="radio" name="ack">Average</input>
31 <input type="radio" name="ack">Poor</input><br /><br />
32
33 What is the Best which you can appreciate about our services <br />
34 <input type="checkbox" name="best">Software for Authentication</input>
35 <input type="checkbox" name="best">Security and Reliability</input>
36 <input type="checkbox" name="best">Faster Connectivity</input>
37 <input type="checkbox" name="best">Monthly Service</input><br /><br />
38
39 If you face any difficulty with the Payment Upload the Payment Receipt<br />
40 <input type="file" name="payment" /><br /><br />
41
42 Any Feedback :
43
44 <textarea></textarea><br />
45
46 <button type="submit">Submit</button>
```

```

47
48
49
50
51
52
53 </fieldset>
54 </form>
55 </div>
56 </body>
57
58 </html>

```

2 Results

Feedback Form for Internet Services near your Locality

Email :

Password :

Date of Birth : dd-mm-yyyy

Your Profession |

How well can you describe the Internet Services in your Locality

☐ Good ☐ Average ☐ Poor

What is the Best which you can appreciate about our services

☐ Software for Authentication ☐ Security and Reliability ☐ Faster Connectivity ☐ Monthly Service

If you face any difficulty with the Payment Upload the Payment Receipt

No file chosen

Any Feedback :