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1 Lab1. basic_form.html
2 <!DOCTYPE html>
3 <html lang="en">
4 <head>
5   <meta charset="UTF-8">
6   <meta name="viewport" content="width=device-width, initial-scale=1.0">
7   <title> Vertical Or Basic Form </title>
8   <link rel="stylesheet" href="css/bootstrap.css">
9 </head>
10 <body>
11   <form role="form">
12     <div class="form-group">
13       <label for="name">Name</label>
14       <input type="text" class="form-control" id="name" placeholder="Enter Name">
15     </div>
16     <div class="form-group">
17       <label for="inputfile">File input</label>
18       <input type="file" id="inputfile">
19       <p class="help-block">Example block-level help text here.</p>
20     </div>
21     <div class="checkbox">
22       <label>
23         <input type="checkbox"> Check me out
24       </label>
25     </div>
26     <button type="submit" class="btn btn-default">Submit</button>
27   </form>
28 </body>
29 </html>
30
31
32 Lab2. inline_form.html
33 <!DOCTYPE html>
34 <html lang="en">
35 <head>
36   <meta charset="UTF-8">
37   <meta name="viewport" content="width=device-width, initial-scale=1.0">
38   <title> Inline Form </title>
39   <link rel="stylesheet" href="css/bootstrap.css">
40 </head>
41 <body>
42   <form class="form-inline" role="form">
43     <div class="form-group">
44       <label class="sr-only" for="name">Name</label>
45       <input type="text" class="form-control" id="name" placeholder="Enter Name">
46     </div>
47     <div class="form-group">
48       <label class="sr-only" for="inputfile">File input</label>
49       <input type="file" id="inputfile">
50     </div>
51     <div class="checkbox">
52       <label>
53         <input type="checkbox"> Check me out
54       </label>
55     </div>
56     <button type="submit" class="btn btn-default">Submit</button>
57   </form>
58 </body>
```

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59 </html>
60
61
62 Lab3. horizontal_form.html
63 <!DOCTYPE html>
64 <html lang="en">
65 <head>
66   <meta charset="UTF-8">
67   <meta name="viewport" content="width=device-width, initial-scale=1.0">
68   <title> Horizontal Form </title>
69   <link rel="stylesheet" href="css/bootstrap.css">
70 </head>
71 <body>
72   <form class="form-horizontal" role="form">
73     <div class="form-group">
74       <label for="firstname" class="col-sm-2 control-label">First Name</label>
75       <div class="col-sm-10">
76         <input type="text" class="form-control" id="firstname" placeholder="Enter First
77           Name">
78       </div>
79     <div class="form-group">
80       <label for="lastname" class="col-sm-2 control-label">Last Name</label>
81       <div class="col-sm-10">
82         <input type="text" class="form-control" id="lastname" placeholder="Enter Last
83           Name">
84       </div>
85     <div class="form-group">
86       <div class="col-sm-offset-2 col-sm-10">
87         <div class="checkbox">
88           <label>
89             <input type="checkbox"> Remember me
90           </label>
91         </div>
92       </div>
93     <div class="form-group">
94       <div class="col-sm-offset-2 col-sm-10">
95         <button type="submit" class="btn btn-default">Sign in</button>
96       </div>
97     </div>
98   </form>
99 </body>
100 </html>
101
102
103
104 Lab4. form_input.html
105 <!DOCTYPE html>
106 <html lang="en">
107 <head>
108   <meta charset="UTF-8">
109   <meta name="viewport" content="width=device-width, initial-scale=1.0">
110   <title> Form Control - Inputs </title>
111   <link rel="stylesheet" href="css/bootstrap.css">
112 </head>
113 <body>
114   <form role="form">
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115     <div class="form-group">
116         <label for="name">Label</label>
117         <input type="text" class="form-control" placeholder="Text input">
118     </div>
119 </form>
120 </body>
121 </html>
122
123
124 Lab5. form_textarea.html
125 <!DOCTYPE html>
126 <html lang="en">
127 <head>
128     <meta charset="UTF-8">
129     <meta name="viewport" content="width=device-width, initial-scale=1.0">
130     <title> Form Control - textarea </title>
131     <link rel="stylesheet" href="css/bootstrap.css">
132 </head>
133 <body>
134     <form role="form">
135         <div class="form-group">
136             <label for="name">Text Area</label>
137             <textarea class="form-control" rows="3"></textarea>
138         </div>
139     </form>
140 </body>
141 </html>
142
143
144 Lab6. form_checkbox_radio.html
145 <!DOCTYPE html>
146 <html lang="en">
147 <head>
148     <meta charset="UTF-8">
149     <meta name="viewport" content="width=device-width, initial-scale=1.0">
150     <title> Form Control - Checkbox and Radio Button </title>
151     <link rel="stylesheet" href="css/bootstrap.css">
152 </head>
153 <body>
154     <form role="form">
155         <label for="name">Example of Default Checkbox and radio button </label>
156         <div class="checkbox">
157             <label><input type="checkbox" value="">Option 1</label>
158         </div>
159         <div class="checkbox">
160             <label><input type="checkbox" value="">Option 2</label>
161         </div>
162         <div class="radio">
163             <label>
164                 <input type="radio" name="optionsRadios" id="optionsRadios1" value="option1"
165                 checked> Option 1
166             </label>
167         </div>
168         <div class="radio">
169             <label>
170                 <input type="radio" name="optionsRadios" id="optionsRadios2"
171                 value="option2">Option 2 - selecting it will deselect option 1
172             </label>
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171     </div>
172     <label for="name">Example of Inline Checkbox and radio button </label>
173     <div>
174         <label class="checkbox-inline">
175             <input type="checkbox" id="inlineCheckbox1" value="option1"> Option 1
176         </label>
177         <label class="checkbox-inline">
178             <input type="checkbox" id="inlineCheckbox2" value="option2"> Option 2
179         </label>
180         <label class="checkbox-inline">
181             <input type="checkbox" id="inlineCheckbox3" value="option3"> Option 3
182         </label>
183         <label class="checkbox-inline">
184             <input type="radio" name="optionsRadiosinline" id="optionsRadios3"
185                 value="option1" checked> Option 1
186         </label>
187         <label class="checkbox-inline">
188             <input type="radio" name="optionsRadiosinline" id="optionsRadios4"
189                 value="option2"> Option 2
190         </label>
191     </div>
192 </form>
193 </body>
194 </html>

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195 Lab7. form\_select.html

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196 <!DOCTYPE html>
197 <html lang="en">
198 <head>
199     <meta charset="UTF-8">
200     <meta name="viewport" content="width=device-width, initial-scale=1.0">
201     <title> Form Control - Select </title>
202     <link rel="stylesheet" href="css/bootstrap.css">
203 </head>
204 <body>
205     <form role="form">
206         <div class="form-group">
207             <label for="name">Select list</label>
208             <select class="form-control">
209                 <option>1</option>
210                 <option>2</option>
211                 <option>3</option>
212                 <option>4</option>
213                 <option>5</option>
214             </select>
215             <label for="name">Multiple Select list</label>
216             <select multiple class="form-control">
217                 <option>1</option>
218                 <option>2</option>
219                 <option>3</option>
220                 <option>4</option>
221                 <option>5</option>
222             </select>
223         </div>
224     </form>
225 </body>
226 </html>

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227
228
229 Lab8. form_static_control.html
230 <!DOCTYPE html>
231 <html lang="en">
232 <head>
233   <meta charset="UTF-8">
234   <meta name="viewport" content="width=device-width, initial-scale=1.0">
235   <title> Form Control - Static control </title>
236   <link rel="stylesheet" href="css/bootstrap.css">
237 </head>
238 <body>
239   <form class="form-horizontal" role="form">
240     <div class="form-group">
241       <label class="col-sm-2 control-label">Email</label>
242       <div class="col-sm-10">
243         <p class="form-control-static">email@example.com</p>
244       </div>
245     </div>
246     <div class="form-group">
247       <label for="inputPassword" class="col-sm-2 control-label">Password</label>
248       <div class="col-sm-10">
249         <input type="password" class="form-control" id="inputPassword"
250           placeholder="Password">
251       </div>
252     </div>
253   </form>
254 </body>
255 </html>
256
257 Lab9. form_control_states.html
258 <!DOCTYPE html>
259 <html lang="en">
260 <head>
261   <meta charset="UTF-8">
262   <meta name="viewport" content="width=device-width, initial-scale=1.0">
263   <title> Form Control - States </title>
264   <link rel="stylesheet" href="css/bootstrap.css">
265 </head>
266 <body>
267   <form class="form-horizontal" role="form">
268     <div class="form-group">
269       <label class="col-sm-2 control-label">Focused</label>
270       <div class="col-sm-10">
271         <input class="form-control" id="focusedInput" type="text" value="This is
272           focused...">
273       </div>
274     </div>
275     <div class="form-group">
276       <label for="inputPassword" class="col-sm-2 control-label">Disabled</label>
277       <div class="col-sm-10">
278         <input class="form-control" id="disabledInput" type="text" placeholder="Disabled
279           input here..." disabled>
280       </div>
281     </div>
282   </form>
283   <fieldset disabled>
284     <div class="form-group">
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282         <label for="disabledTextInput" class="col-sm-2 control-label">Disabled input
          (Fieldset disabled)</label>
283         <div class="col-sm-10">
284             <input type="text" id="disabledTextInput" class="form-control"
              placeholder="Disabled input">
285         </div>
286     </div>
287     <div class="form-group">
288         <label for="disabledSelect" class="col-sm-2 control-label">Disabled select menu
          (Fieldset disabled)</label>
289         <div class="col-sm-10">
290             <select id="disabledSelect" class="form-control">
291                 <option>Disabled select</option>
292             </select>
293         </div>
294     </div>
295 </fieldset>
296 <div class="form-group has-success">
297     <label class="col-sm-2 control-label" for="inputSuccess">Input with success</label>
298     <div class="col-sm-10">
299         <input type="text" class="form-control" id="inputSuccess">
300     </div>
301 </div>
302 <div class="form-group has-warning">
303     <label class="col-sm-2 control-label" for="inputWarning">Input with warning</label>
304     <div class="col-sm-10">
305         <input type="text" class="form-control" id="inputWarning">
306     </div>
307 </div>
308 <div class="form-group has-error">
309     <label class="col-sm-2 control-label" for="inputError">Input with error</label>
310     <div class="col-sm-10">
311         <input type="text" class="form-control" id="inputError">
312     </div>
313 </div>
314 </form>
315 </body>
316 </html>
317
318
319 Lab10. form_control_sizing.html
320 <!DOCTYPE html>
321 <html lang="en">
322 <head>
323     <meta charset="UTF-8">
324     <meta name="viewport" content="width=device-width, initial-scale=1.0">
325     <title> Form Control - Sizing </title>
326     <link rel="stylesheet" href="css/bootstrap.css">
327 </head>
328 <body>
329     <form role="form">
330         <div class="form-group">
331             <input class="form-control input-lg" type="text" placeholder=".input-lg">
332         </div>
333         <div class="form-group">
334             <input class="form-control" type="text" placeholder="Default input">
335         </div>
336         <div class="form-group">

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337     <input class="form-control input-sm" type="text" placeholder=".input-sm">
338 </div>
339 <div class="form-group">
340 </div>
341 <div class="form-group">
342     <select class="form-control input-lg">
343         <option value="">.input-lg</option>
344     </select>
345 </div>
346 <div class="form-group">
347     <select class="form-control">
348         <option value="">Default select</option>
349     </select>
350 </div>
351 <div class="form-group">
352     <select class="form-control input-sm">
353         <option value="">.input-sm</option>
354     </select>
355 </div>
356 <div class="row">
357     <div class="col-lg-2">
358         <input type="text" class="form-control" placeholder=".col-lg-2">
359     </div>
360     <div class="col-lg-3">
361         <input type="text" class="form-control" placeholder=".col-lg-3">
362     </div>
363     <div class="col-lg-4">
364         <input type="text" class="form-control" placeholder=".col-lg-4">
365     </div>
366 </div>
367 </form>
368 </body>
369 </html>
370
371 Lab11. form_control_help_text.html
372 <!DOCTYPE html>
373 <html lang="en">
374 <head>
375     <meta charset="UTF-8">
376     <meta name="viewport" content="width=device-width, initial-scale=1.0">
377     <title> Form Control - Help Text </title>
378     <link rel="stylesheet" href="css/bootstrap.css">
379 </head>
380 <body>
381     <form role="form">
382         <span>Example of Help Text</span>
383         <input class="form-control" type="text" placeholder="">
384         <span class="help-block">A longer block of help text that breaks onto a new line and
385             may extend beyond one line.</span>
386     </form>
387 </body>
388 </html>

```