SMARTBRIDGE EXTERNSHIP Modern

Application Development (Java Spring Boot)

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WEEK 1 ASSIGNMENT – FORM WITH CSS

CODE:

form.html:

```
<!DOCTYPE html>
<html>
<head>
< tle>Week 1 Assignment - 20BEC1260</ tle>
<meta name="author" content="Assignment 1 - Page 1"/>
<style>
div {   border-radius: 5px;
background-color: #00ff00;
padding: 20px;
}
input[type=text], select {
width: 100%;   padding:
12px 20px;   margin:
8px 0;   border: 1px
solid #ccc;   border-
radius: 4px;
}
```

```css
input[type=submit] {
width: 100%;
background-color: #ffff99;
color: black;   padding:
14px 20px;   margin: 8px
0;   border: none;   border-
radius: 4px;   cursor:
pointer;
}

input[type=submit]:hover {   background-
color: #ffff00;
}

.label {
color: blue;
}
</style>
</head>
<body>
<h1 style="color: blue;"><center>Please fill the form to order</center></h1><br>

<div>
<form method="post" ac on="thankyou.html">
<table>

<tr>
<td>
<label style="color: blue;" for="name">Name: </label>
</td>
```

```html
<td>
<input id="name" type="text" name="name" placeholder="Enter Name" required/>
</td>
</tr>




<tr>
<td>
<label style="color: blue;" for="email">Email: </label>
</td>
<td>
<input id="email" type="email" name="email" placeholder="Enter Email" required/> </tr>




<tr>
<td>
<label style="color: blue;" for="address">Address: </label>
</td>
<td>
<textarea id="address" name="address" rows="4" cols="50" placeholder="Enter Address"
required></textarea>
</td>
</tr>






<tr>
```

```html
<td>

<label style="color: blue;" for="phonenumber">Phone Number: </label>

</td>

<td>

<input id="phonenumber" type="number" name="phonenumber" placeholder="Enter Phone Number"
required/>

</td>

</td>

</tr>


<tr>

<td>

<label style="color: blue;" for="gender">Gender: </label>

</td>

<td>

<input type="radio" id="gender" name="gender" value="male">Male</input>

<input type="radio" id="gender" name="gender" value="female">Female</input>

</td>

</tr>



<tr>

<td>

<label style="color: blue;" for="items">ITEMS NEEDED: </label>

</td>

<td>

<input type="checkbox" id="pen" name="pen" value="Pen" checked=?yes?/>

<label>Pen</label><br>

<input type="checkbox" id="pencil" name="pencil" value="pencil" checked=?yes?/>

<label>Pencil</label><br>
```

```html
<input type="checkbox" id="sharpener" name="sharpener" value="sharpener" checked=?yes?/>

<label>Sharpener</label><br>

</td>

</tr>


<tr>

<td>

<label style="color: blue;" for="color">Choose Color: </label>

</td>

<td>

<select name="language" id="language">

<op on value="Blue">Blue</op on>

<op on value="Green">Green</op on> <op

on value="Yelloe">Yellow</op on>

</select>

</td>

</tr>


<tr>

<td>

<label style="color: blue;" for="submit">Submit </label>

</td>

<td>

<input type="submit" name="submit"/>

</td>

</tr>
```
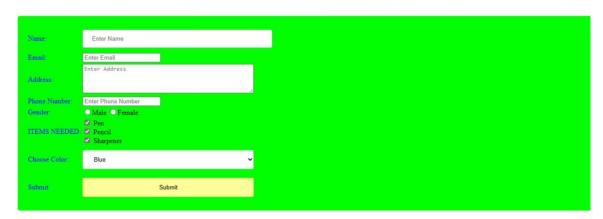
```
</table>

</form>

</div>

</body>

</html>




thankyou.html:

<!DOCTYPE html>

<html>

<head>

< tle>Week 1 Assignment Thank you Page - 20BEC1260</ tle>

<meta name="author" content="Assignment 1 - Page 2"/>

</head>

<body style="background: #00ffcc;">

<br><br><br><br><br><br><br>

<h1 style="color: black;"><center>Thank you for ordering</center></h1>

</body>

</html>
```

form.html

Please fill the form to order

Name:	Enter Name
Email:	Enter Email
Address:	Enter Address
Phone Number:	Enter Phone Number
Gender:	○ Male ○ Female
ITEMS NEEDED:	☑ Pen ☑ Pencil ☑ Sharpener
Choose Color:	Blue
Submit	Submit

ENTERING VALUES:

Name:	Hariharan K
Email:	hariharan.k2020@vitstuden
Address:	No 123, xyz street, xyz city, xyz state.
Phone Number:	9876543120
Gender:	● Male ○ Female
ITEMS NEEDED:	☑ Pen ☑ Pencil ☑ Sharpener
Choose Color:	
Submit	Submit

thankyou.html: < tle>Week 1 Assignment Thank you Page - 20BCE1260

AFTER CLICKING SUBMIT BUTTON:

Thank you for ordering