

# Web programming

## Form no 01

Sapid(51263)

CODE:

```
<!DOCTYPE html>
<html>
<head>
  <title>Sample Form - All Input Types</title>
  <style>
    body {
      font-family: Arial, sans-serif;
      background-color: #def6f8;
    }
    form {
      width: 90%;
      max-width: 800px;
      margin: 20px auto;
      padding: 20px;
      border: 1px solid #ccc;
      border-radius: 5px;
      background-color: #f0f7e1;
    }
    h2 {
      background-color: #a9d18e;
      padding: 10px;
      border-radius: 5px;
      margin-top: 0;
    }
    label {
      display: block;
      margin: 15px 0 5px;
    }
    input, select, textarea {
      margin-bottom: 10px;
    }
    textarea {
      width: 450px;
      height: 80px;
    }
    .buttons {
      margin-top: 20px;
    }
  </style>
```

```
</head>
<body>

<form>
  <h2>Sample Form - All Input Types</h2>

  <label for="textInput">Text Input:</label>
  <input type="text" id="textInput" name="textInput">

  <label for="password">Password:</label>
  <input type="password" id="password" name="password">

  <label for="email">Email:</label>
  <input type="email" id="email" name="email">

  <label for="number">Number:</label>
  <input type="number" id="number" name="number">

  <label for="date">Date:</label>
  <input type="date" id="date" name="date" placeholder="mm/dd/yyyy">

  <label for="checkbox">Checkbox:</label>
  <input type="checkbox" id="checkbox" name="checkbox"> Accept Terms

  <label>Radio Options:</label>
  <input type="radio" id="option1" name="radioOption" value="option1">
Option 1
  <input type="radio" id="option2" name="radioOption" value="option2">
Option 2

  <label for="fileUpload">File Upload:</label>
  <input type="file" id="fileUpload" name="fileUpload">

  <label for="colorPicker">Color Picker:</label>
  <input type="color" id="colorPicker" name="colorPicker" value="#000000">

  <label for="range">Range:</label>
  <input type="range" id="range" name="range" min="0" max="100" value="30">

  <label for="textarea">Textarea:</label>
  <textarea id="textarea" name="textarea"></textarea>

  <label for="dropdown">Dropdown:</label>
  <select id="dropdown" name="dropdown">
    <option value="option1">Option 1</option>
    <option value="option2">Option 2</option>
    <option value="option3">Option 3</option>
  </select>
```

```
<label for="datalist">Datalist:</label>
<input list="options" id="datalist" name="datalist">
<datalist id="options">
  <option value="Option 1">
  <option value="Option 2">
  <option value="Option 3">
</datalist>

<div class="buttons">
  <input type="submit" value="Submit">
  <input type="reset" value="Reset">
  <button type="button">Click Me</button>
</div>
</form>

</body>
</html>
```

## SCREENSHOT OF THE FORM:

### Sample Form - All Input Types

Text Input:

Password:

Email:

Number:

Date:

Checkbox:  
☒ Accept Terms

Radio Options:  
☐ Option 1 ☐ Option 2

File Upload:  
 No file chosen

Color Picker:

Range:

Textarea:

Dropdown:

Datalist: