```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" />

    <!-- Latest compiled and minified CSS -->
    <link
      rel="stylesheet"
      href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.7/css/bootstrap.min.css"
      integrity="sha384-
BVYiiSIFeK1dGmJRAkycuHAHRg32OmUcww7on3RYdg4Va+PmSTsz/K68vbdEjh4u"
      crossorigin="anonymous"
    />

    <title>Document</title>
  </head>

  <body>
    <h1>Student Biodata Form</h1>

    <form>
      <div class="form-group">
        <label for="formGroupExampleInput">First Name</label>
        <input
          type="text"
          class="form-control"
          id="formGroupExampleInput"
          placeholder="First Name"
        />
      </div>
      <div class="form-group">
        <label for="formGroupExampleInput2">Last Name</label>
        <input
          type="text"
          class="form-control"
          id="formGroupExampleInput2"
          placeholder="Last Name"
        />
      </div>
      <div class="form-row">
        <div class="form-group col-md-6">
          <label for="inputEmail4">Email</label>
          <input
            type="email"
            class="form-control"
```

```
      id="inputEmail4"
      placeholder="Email"
    />
  </div>
  <div class="form-group col-md-6">
    <label for="inputPassword4">Password</label>
    <input
      type="password"
      class="form-control"
      id="inputPassword4"
      placeholder="Password"
    />
  </div>
</div>
<div class="form-group">
  <label for="inputAddress">Address Line 1</label>
  <input
    type="text"
    class="form-control"
    id="inputAddress"
    placeholder="1234 Main St"
  />
</div>
<div class="form-group">
  <label for="inputAddress2">Address Line 2</label>
  <input
    type="text"
    class="form-control"
    id="inputAddress2"
    placeholder="Apartment, studio, or floor"
  />
</div>
<div class="form-row">
  <div class="form-group col-md-6">
    <label for="inputCity">City</label>
    <input type="text" class="form-control" id="inputCity" />
  </div>
  <div class="form-group col-md-4">
    <label for="inputState">State</label>
    <select id="inputState" class="form-control">
      <option selected>Choose...</option>
      <option>Kolkata</option>
      <option>Haryana</option>
      <option>Mahrashtra</option>
      <option>Tamil Nadu</option>
    </select>
  </div>
```

```html
        <div class="form-group col-md-2">
          <label for="inputZip">Zip</label>
          <input type="text" class="form-control" id="inputZip" />
        </div>
      </div>

      <div class="form-group">
        <label for="number_of_spoken_languages"
          >Number of spoken languages</label
        >
        <select
          class="custom-select custom-select-lg mb-3"
          id="number_of_spoken_languages"
        >
          <option selected>One</option>
          <option value="1">One</option>
          <option value="2">Two</option>
          <option value="3">Three</option>
          <option value="More than three">More than Three</option>
        </select>
      </div>

      <h3>Gender</h3>
      <div class="form-check">
        <input
          class="form-check-input"
          type="radio"
          name="flexRadioDefault"
          id="flexRadioDefault1"
        />
        <label class="form-check-label" for="flexRadioDefault1"> Female </label>
      </div>
      <div class="form-check">
        <input
          class="form-check-input"
          type="radio"
          name="flexRadioDefault"
          id="flexRadioDefault2"
          checked
        />
        <label class="form-check-label" for="flexRadioDefault2"> Male </label>
      </div>

      <div class="form-group">
        <label for="marital_status">Marital Status</label>
        <select class="custom-select" id="number_of_spoken_languages">
          <option selected>None</option>
```

```html
        <option value="Single">Single</option>
        <option value="Engaged">Engaged</option>
        <option value="Married">Married</option>
      </select>
    </div>

    <div class="form-check">
      <input
        class="form-check-input"
        type="checkbox"
        value=""
        id="flexCheckDefault"
      />
      <label class="form-check-label" for="flexCheckDefault">
        Driving License ?
      </label>
    </div>
    <div class="form-check">
      <input
        class="form-check-input"
        type="checkbox"
        value=""
        id="flexCheckChecked"
        checked
      />
      <label class="form-check-label" for="flexCheckChecked">
        Mess Card ?
      </label>
    </div>

    <div class="form-group">
      <label for="comment">Tell us about yourself</label>
      <textarea class="form-control" rows="5" id="comment"></textarea>
    </div>

    <div>
      <table class="table table-dark">
        <thead>
          <tr>
            <th scope="col">#</th>
            <th scope="col">Education</th>
            <th scope="col">Date</th>
            <th scope="col">place</th>
          </tr>
        </thead>
        <tbody>
          <tr>
```

```html
        <th scope="row">1</th>
        <td>MIT,Manipal</td>
        <td>2015</td>
        <td>Karnataka</td>
      </tr>
      <tr>
        <th scope="row">2</th>
        <td>Amity</td>
        <td>2017</td>
        <td>Gurgaon</td>
      </tr>
      <tr>
        <th scope="row">3</th>
        <td>Suncity</td>
        <td>2015</td>
        <td>Gurgaon</td>
      </tr>
    </tbody>
  </table>
</div>

    <button type="submit" class="btn btn-primary">Sign in</button>
  </form>
</body>
</html>
```


Student Biodata Form

First Name

First Name

Last Name

Last Name

Email   **Password**

Email   Password

Address Line 1

1234 Main St

Address Line 2

Apartment, studio, or floor

City   **State**   **Zip**

                                  Choose...

Number of spoken languages One

Gender

○ Female
● Male

Marital Status None

☐ Driving License ?

☑ Mess Card ?

Tell us about yourself

#	Education	Date	place
1	MIT,Manipal	2015	Karnataka
2	Amity	2017	Gurgaon
3	Suncity	2015	Gurgaon

```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>Document</title>

    <!-- Latest compiled and minified CSS -->
    <link
      rel="stylesheet"
      href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.7/css/bootstrap.min.css"
      integrity="sha384-
BVYiiSIFeK1dGmJRAkycuHAHRg32OmUcww7on3RYdg4Va+PmSTsz/K68vbdEjh4u"
      crossorigin="anonymous"
    />
  </head>
  <body>
    <div class="container">
      <table class="table table-dark">
        <thead>
          <tr>
            <th>Id</th>
            <th>first_name</th>
            <th>last_name</th>
            <th>email</th>
            <th>gender</th>
            <th>job title</th>
            <th>Functions</th>
          </tr>
        </thead>

        <tbody>
          <tr>
            <th>1</th>
            <th>Julienne</th>
            <th>Wederell</th>
            <th>jwederell0@flickr.com</th>
            <th>Female</th>
            <th>Account Executive</th>
            <th>
              <button type="button" class="btn btn-success">Update</button>
              <button type="button" class="btn btn-danger">Delete</button>
            </th>
          </tr>

          <tr>
```
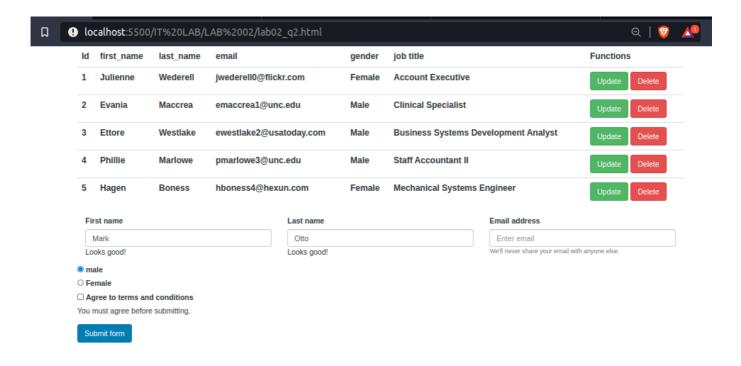
```html
      <th>2</th>
      <th>Evania</th>
      <th>Maccrea</th>
      <th>emaccrea1@unc.edu</th>
      <th>Male</th>
      <th>Clinical Specialist</th>
      <th>
        <button type="button" class="btn btn-success">Update</button>
        <button type="button" class="btn btn-danger">Delete</button>
      </th>
    </tr>

    <tr>
      <th>3</th>
      <th>Ettore</th>
      <th>Westlake</th>
      <th>ewestlake2@usatoday.com</th>
      <th>Male</th>
      <th>Business Systems Development Analyst</th>
      <th>
        <button type="button" class="btn btn-success">Update</button>
        <button type="button" class="btn btn-danger">Delete</button>
      </th>
    </tr>

    <tr>
      <th>4</th>
      <th>Phillie</th>
      <th>Marlowe</th>
      <th>pmarlowe3@unc.edu</th>
      <th>Male</th>
      <th>Staff Accountant II</th>
      <th>
        <button type="button" class="btn btn-success">Update</button>
        <button type="button" class="btn btn-danger">Delete</button>
      </th>
    </tr>

    <tr>
      <th>5</th>
      <th>Hagen</th>
      <th>Boness</th>
      <th>hboness4@hexun.com</th>
      <th>Female</th>
      <th>Mechanical Systems Engineer</th>
      <th>
        <button type="button" class="btn btn-success">Update</button>
```

```html
        <button type="button" class="btn btn-danger">Delete</button>
      </th>
    </tr>
  </tbody>
</table>
</div>
<div class="container">
  <form>
    <div class="form-row">
      <div class="col-md-4 mb-3">
        <label for="validationServer01">First name</label>
        <input
          type="text"
          class="form-control is-valid"
          id="validationServer01"
          placeholder="First name"
          value="Mark"
          required
        />
        <div class="valid-feedback">Looks good!</div>
      </div>
      <div class="col-md-4 mb-3">
        <label for="validationServer02">Last name</label>
        <input
          type="text"
          class="form-control is-valid"
          id="validationServer02"
          placeholder="Last name"
          value="Otto"
          required
        />
        <div class="valid-feedback">Looks good!</div>
      </div>
      <div class="col-md-4 mb-3">
        <div class="form-group">
          <label for="exampleInputEmail1">Email address</label>
          <input
            type="email"
            class="form-control"
            id="exampleInputEmail1"
            aria-describedby="emailHelp"
            placeholder="Enter email"
          />
          <small id="emailHelp" class="form-text text-muted"
            >We'll never share your email with anyone else.</small
          >
        </div>
```

```
      </div>
    </div>
    <div class="form-check">
      <input
        class="form-check-input"
        type="radio"
        name="exampleRadios"
        id="exampleRadios1"
        value="option1"
        checked
      />
      <label class="form-check-label" for="exampleRadios1"> male </label>
    </div>
    <div class="form-check">
      <input
        class="form-check-input"
        type="radio"
        name="exampleRadios"
        id="exampleRadios2"
        value="option2"
      />
      <label class="form-check-label" for="exampleRadios2"> Female </label>
    </div>
    <div class="form-group">
      <div class="form-check">
        <input
          class="form-check-input is-invalid"
          type="checkbox"
          value=""
          id="invalidCheck3"
          required
        />
        <label class="form-check-label" for="invalidCheck3">
          Agree to terms and conditions
        </label>
        <div class="invalid-feedback">
          You must agree before submitting.
        </div>
      </div>
    </div>
    <button class="btn btn-primary" type="submit">Submit form</button>
  </form>
  </div>
 </body>
</html>
```

Id	first_name	last_name	email	gender	job title	Functions
1	Julienne	Wederell	jwederell0@flickr.com	Female	Account Executive	Update Delete
2	Evania	Maccrea	emaccrea1@unc.edu	Male	Clinical Specialist	Update Delete
3	Ettore	Westlake	ewestlake2@usatoday.com	Male	Business Systems Development Analyst	Update Delete
4	Phillie	Marlowe	pmarlowe3@unc.edu	Male	Staff Accountant II	Update Delete
5	Hagen	Boness	hboness4@hexun.com	Female	Mechanical Systems Engineer	Update Delete

First name
Mark
Looks good!

Last name
Otto
Looks good!

Email address
Enter email
We'll never share your email with anyone else.

◉ male
○ Female
☐ Agree to terms and conditions
You must agree before submitting.

Submit form

Q3

```
<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" />

    <!-- Latest compiled and minified CSS -->
    <link
      rel="stylesheet"
      href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.7/css/bootstrap.min.css"
      integrity="sha384-
BVYiiSIFeK1dGmJRAkycuHAHRg32OmUcww7on3RYdg4Va+PmSTsz/K68vbdEjh4u"
      crossorigin="anonymous"
    />

    <title>Document</title>
  </head>

  <body>
    <div class="container">
      <div class="row">
        <div class="col-sm-6">
          <p style="font-size: 130%; font-weight: bold">Login</p>
          <input
            type="email"
            class="form-control"
            placeholder="Enter email"
            id="email"
            style="margin-bottom: 2%; margin-top: 2%"
```

```
      />
      <input
        type="password"
        class="form-control"
        placeholder="Enter password"
        id="pwd"
        style="margin-bottom: 2%; margin-top: 2%"
      />
      <input
        class="form-check-input"
        type="checkbox"
        style="margin-bottom: 2%; margin-top: 2%"
      />
      Remember me
    </div>
    <div class="col-sm-6">
      <img src="login.jpg" alt="Login" style="height: auto; width: 30%" />
    </div>
  </div>

  <div class="row" style="margin-top: 5%">
    <div class="col-sm-4">
      <form action="/action_page.php">
        <div class="form-check">
          <label
            class="form-check-label"
            for="check1"
            style="margin-bottom: 2%; margin-top: 2%"
          >
            <input
              type="checkbox"
              class="form-check-input"
              id="check1"
              name="option1"
              value="something"
              checked
            />Student
          </label>
        </div>
        <div class="form-check">
          <label class="form-check-label" for="check2">
            <input
              type="checkbox"
              class="form-check-input"
              id="check2"
              name="option2"
              value="something"
```

```html
        />Phd
      </label>
    </div>
    <div class="form-check">
      <label class="form-check-label">
        <input type="checkbox" class="form-check-input" disabled />Admin
      </label>
    </div>
  </form>
</div>
<div class="col-sm-4">
  <p style="font-size: 130%; font-weight: bold">Upload ID</p>
  <form action="/action_page.php">
    <input type="file" id="myFile" name="filename" />
  </form>
</div>
<div class="col-sm-4">
  <button type="submit" class="btn btn-primary">Submit</button>
</div>
</div>
</div>
</body>
</html>
```

```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" />

    <link
      rel="stylesheet"
      href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css"
    />
    <script
src="https://ajax.googleapis.com/ajax/libs/jquery/3.5.1/jquery.min.js"></script>
    <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
    <title>Document</title>
  </head>
  <body>
    <div class="container">
      <img src="manipal_image1.jpg" alt="" />
    </div>

    <div id="myCarousel" class="carousel slide" data-ride="carousel">
      <!-- Indicators -->
      <ol class="carousel-indicators">
        <li data-target="#myCarousel" data-slide-to="0" class="active"></li>
        <li data-target="#myCarousel" data-slide-to="1"></li>
        <li data-target="#myCarousel" data-slide-to="2"></li>
      </ol>

      <!-- Wrapper for slides -->
      <div class="container">
        <div class="carousel-inner">
          <div class="item active">
            <table class="table table-hover table-bordered">
              <thead>
                <tr style="background-color: skyblue">
                  <th>DAY</th>
                  <th>8:00-9:30 AM</th>
                  <th>10.00-11:30 AM</th>
                  <th>Break</th>
                  <th>2:00-3:30 PM</th>
                  <th>4:00-5:30 PM</th>
                </tr>
              </thead>
              <tbody>
                <tr>
```

```html
    <td style="background-color: gold">MON</td>
    <td>-----</td>
    <td>-----</td>
    <td></td>
    <td>EEFM</td>
    <td>PCAP</td>
  </tr>
  <tr>
    <td style="background-color: gold">TUES</td>
    <td>DS</td>
    <td>PE-1</td>
    <td></td>
    <td>-----</td>
    <td>-----</td>
  </tr>
  <tr>
    <td style="background-color: gold">WED</td>
    <td>-----</td>
    <td>-----</td>
    <td></td>
    <td>PE-2</td>
    <td>OE-3</td>
  </tr>
  <tr>
    <td style="background-color: gold">THU</td>
    <td>EEFM</td>
    <td>PCAP</td>
    <td></td>
    <td>-----</td>
    <td>-----</td>
  </tr>
  <tr>
    <td style="background-color: gold">FRI</td>
    <td>-----</td>
    <td>-----</td>
    <td></td>
    <td>DS</td>
    <td>PE-1</td>
  </tr>
  <tr>
    <td style="background-color: gold">SAT</td>
    <td>PE-2</td>
    <td>OE-3</td>
    <td></td>
    <td>-----</td>
    <td>-----</td>
  </tr>
```

```html
        </tbody>
      </table>
    </div>


    <div class="item">
      <table class="table table-hover table-bordered">
        <thead>
          <tr style="background-color: skyblue">
            <th>DAY</th>
            <th>8:00-9:30 AM</th>
            <th>10.00-11:30 AM</th>
            <th>Break</th>
            <th>2:00-3:30 PM</th>
            <th>4:00-5:30 PM</th>
          </tr>
        </thead>
        <tbody>
          <tr>
            <td style="background-color: gold">MON</td>
            <td>-----</td>
            <td>-----</td>
            <td></td>
            <td>EEFM</td>
            <td>DS</td>
          </tr>
          <tr>
            <td style="background-color: gold">TUES</td>
            <td>PCAP</td>
            <td>PE-1</td>
            <td></td>
            <td>-----</td>
            <td>-----</td>
          </tr>
          <tr>
            <td style="background-color: gold">WED</td>
            <td>-----</td>
            <td>-----</td>
            <td></td>
            <td>PE-2</td>
            <td>OE-3</td>
          </tr>
          <tr>
            <td style="background-color: gold">THU</td>
            <td>EEFM</td>
            <td>DS</td>
            <td></td>
            <td>-----</td>
```

```html
      <td>-----</td>
    </tr>
    <tr>
      <td style="background-color: gold">FRI</td>
      <td>-----</td>
      <td>-----</td>
      <td></td>
      <td>PCAP</td>
      <td>PE-1</td>
    </tr>
    <tr>
      <td style="background-color: gold">SAT</td>
      <td>PE-2</td>
      <td>OE-3</td>
      <td></td>
      <td>-----</td>
      <td>-----</td>
    </tr>
  </tbody>
 </table>
</div>

<div class="item">
  <table class="table table-hover table-bordered">
   <thead>
     <tr style="background-color: skyblue">
       <th>DAY</th>
       <th>8:00-9:30 AM</th>
       <th>10.00-11:30 AM</th>
       <th>Break</th>
       <th>2:00-3:30 PM</th>
       <th>4:00-5:30 PM</th>
     </tr>
   </thead>
   <tbody>
     <tr>
       <td style="background-color: gold">MON</td>
       <td>-----</td>
       <td>-----</td>
       <td></td>
       <td>EEFM</td>
       <td>PCAP</td>
     </tr>
     <tr>
       <td style="background-color: gold">TUES</td>
       <td>DS</td>
       <td>PE-1</td>
```

```html
            <td></td>
            <td>-----</td>
            <td>-----</td>
          </tr>
          <tr>
            <td style="background-color: gold">WED</td>
            <td>-----</td>
            <td>-----</td>
            <td></td>
            <td>PE-2</td>
            <td>OE-3</td>
          </tr>
          <tr>
            <td style="background-color: gold">THU</td>
            <td>EEFM</td>
            <td>PCAP</td>
            <td></td>
            <td>-----</td>
            <td>-----</td>
          </tr>
          <tr>
            <td style="background-color: gold">FRI</td>
            <td>-----</td>
            <td>-----</td>
            <td></td>
            <td>DS</td>
            <td>PE-1</td>
          </tr>
          <tr>
            <td style="background-color: gold">SAT</td>
            <td>PE-2</td>
            <td>OE-3</td>
            <td></td>
            <td>-----</td>
            <td>-----</td>
          </tr>
        </tbody>
      </table>
    </div>
  </div>
</div>

<!-- Left and right controls -->
<a class="left carousel-control" href="#myCarousel" data-slide="prev">
  <span class="glyphicon glyphicon-chevron-left"></span>
  <span class="sr-only">Previous</span>
</a>
```

```html
    <a class="right carousel-control" href="#myCarousel" data-slide="next">
      <span class="glyphicon glyphicon-chevron-right"></span>
      <span class="sr-only">Next</span>
    </a>
  </div>
 </body>
</html>
```