

```
1 <!DOCTYPE html>
2 <html>
3 <head>
4   <meta charset="utf-8">
5   <meta name="viewport" content="width=device-width, initial-scale=1">
6   <title>pizza form</title>
7   <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
8   <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
9   <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
10  <style>
11    .dropdown{
12      float:left;
13      padding: 25px;
14    }
15  </style>
16 </head>
17 <body>
18   
19   
20   <br><hr>
21
22   <div class="container">
23     <form method="get">
24       <h1><strong><ins>PIZZA FORM</ins></strong></h1>
25       <nav class="nav nav-default">
26         <div class="container-fluid">
27           <div class="navbar-header">
28             <a class="navbar-brand" href="#"><i class="fa fa-bars" aria-hidden="true" style="font-size: 24px;"></i></a>
29           </div><br><hr>
30
31           <div class="dropdown" id="dropdown1">
32             <button class="btn btn-success dropdown-toggle" type="button" data-toggle="dropdown">PIZZA TYPES
33             <span class="caret"></span></button>
34             <ul class="dropdown-menu">
35               <li><a href="#">Margherita Pizza (169 Rs)</a></li>
36               <li><a href="#">Paneer Barbeque Pizza (320 Rs)</a></li>
37               <li><a href="#">Hot to Tell Pizza (649-749 Rs)</a></li>
38               <li><a href="#">Paneer Maharaja Pizza (210 Rs)</a></li>
39               <li><a href="#">Detroit all vegies pizza (720 Rs)</a></li>

```

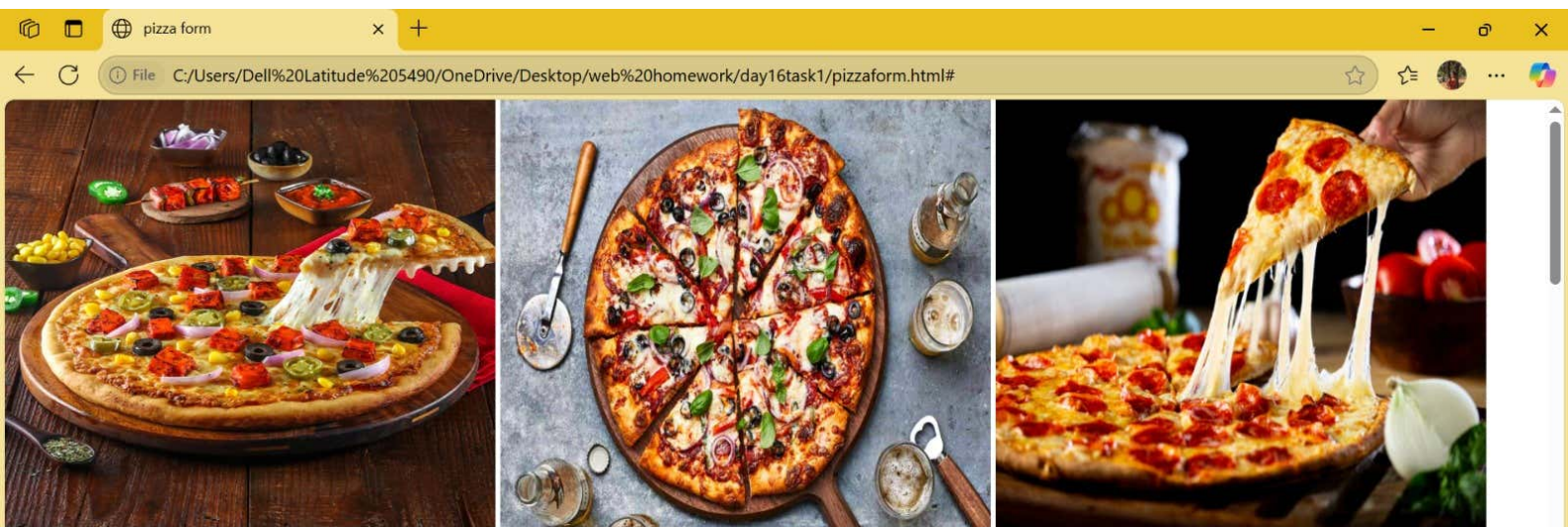
```
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39      <li><a href="#">Detroit all vegies pizza (720 Rs)</a></li>
40      <li><a href="#">Sicilian Pizza (200 Rs)</a></li>
41      <li><a href="#">Meat Pizza (749 Rs)</a></li>
42    </ul>
43  </div>
44 </div></nav><br><hr>
45
46  <h2><u>PIZZA SIZE</u></h2>
47  <div class="form-check">
48    <input class="form-check-input" type="radio" value="Personal(10 inches)" name="flexRadioDefault" id="flexRadioDefault">
49    <label class="form-check-label" for="flexRadioDefault2">Personal(10 inches)</label>
50  </div>
51  <div class="form-check">
52    <input class="form-check-input" type="radio" value="Medium(14 inches)" name="flexRadioDefault" id="flexRadioDefault">
53    <label class="form-check-label" for="flexRadioDefault2">Medium(14 inches)</label>
54  </div>
55  <div class="form-check">
56    <input class="form-check-input" type="radio" value="Small(12 inches)" name="flexRadioDefault" id="flexRadioDefault">
57    <label class="form-check-label" for="flexRadioDefault2">Small(12 inches)</label>
58  </div>
59  <div class="form-check">
60    <input class="form-check-input" type="radio" value="Large(16 inches)" name="flexRadioDefault" id="flexRadioDefault">
61    <label class="form-check-label" for="flexRadioDefault2">Large(16 inches)</label>
62  </div><hr><br>
63
64  <h2><u>Additional Items</u></h2>
65  <div class="form-check">
66    <input class="form-check-input" type="radio" value="Garlic Bread" name="flexRadioDefault" id="flexRadioDefault">
67    <label class="form-check-label" for="flexRadioDefault2">Garlic Bread</label>
68  </div>
69  <div class="form-check">
70    <input class="form-check-input" type="radio" value="Cheese Bread" name="flexRadioDefault" id="flexRadioDefault">
71    <label class="form-check-label" for="flexRadioDefault2">Cheese Bread</label>
72  </div>
73  <div class="form-check">
74    <input class="form-check-input" type="radio" value="Mozzarella Sticks" name="flexRadioDefault" id="flexRadioDefault">
75    <label class="form-check-label" for="flexRadioDefault2">Mozzarella Stick</label>
76  </div>
77  <div class="form-check">
```

```
73 <div class="form-check">
74   <input class="form-check-input" type="radio" value="Mozzarella Sticks" name="flexRadioDefault" id="flexRadioDefault">
75   <label class="form-check-label" for="flexRadioDefault2">Mozzarella Stick</label>
76 </div>
77 <div class="form-check">
78   <input class="form-check-input" type="radio" value="Chicken Wings" name="flexRadioDefault" id="flexRadioDefault">
79   <label class="form-check-label" for="flexRadioDefault2">Chicken Wings</label>
80 </div>
81 <div class="form-check">
82   <input class="form-check-input" type="radio" value="Garden Salad" name="flexRadioDefault" id="flexRadioDefault">
83   <label class="form-check-label" for="flexRadioDefault2">Garden Salad</label>
84 </div>
85 <div class="form-check">
86   <input class="form-check-input" type="radio" value="Caesar Salad" name="flexRadioDefault" id="flexRadioDefault">
87   <label class="form-check-label" for="flexRadioDefault2">Caesar Salad</label>
88 </div><hr><br>
89
90 <div class="form-group">
91   <h2><u>Name</u></h2>
92   <input type="text" class="form-control" name="name" placeholder="Enter your name">
93 </div><br>
94 <div class="form-group">
95   <h2><u>Phone</u></h2>
```



```
107 <input class="form-check-input" type="radio" value="Home Delivery" name="flexRadioDefault" id="flexRadioDefault2">
110 <label class="form-check-label" for="flexRadioDefault2">Home Delivery</label>
111 </div><hr><br>
112
113 <div class="form-group">
114 <h2><u>ADDRESS</u></h2>
115 <input type="text" class="form-control" name="name" placeholder="Street Address"><br>
116 <input type="text" class="form-control" name="name" placeholder="Apartment/Unit"><br>
117 <input type="text" class="form-control" name="name" placeholder="City"><br>
118 <input type="text" class="form-control" name="name" placeholder="State/Province/Region"><br>
119 <input type="text" class="form-control" name="name" placeholder="Postal/Zip Code"><br>
120 </div><hr><br>
121
122 <div class="form-group">
123 <h2><u>Special Instructions</u></h2>
124 <input type="text" class="form-control" name="name" placeholder="Additional notes or request for your order">
125 </div><hr><br>
126
127 <h2><u>PAYMENT METHOD</u></h2>
128 <div class="form-check">
129 <input class="form-check-input" type="radio" value="Cash on Delivery/Pickup" name="flexRadioDefault" id="flexRadioDefault">
130 <label class="form-check-label" for="flexRadioDefault2">Cash on Delivery/Pickup</label>
131 </div>
132 <div class="form-check">
133 <input class="form-check-input" type="radio" value="Credit/Debit Card" name="flexRadioDefault" id="flexRadioDefault">
134 <label class="form-check-label" for="flexRadioDefault2">Credit/Debit Card</label>
135 </div><hr><br>
136
137 <div class="button">
138 <div class="btn btn-warning">Submit</div></div><br>
139 </form>
140 </div>
141 </body>
142 </html>
```

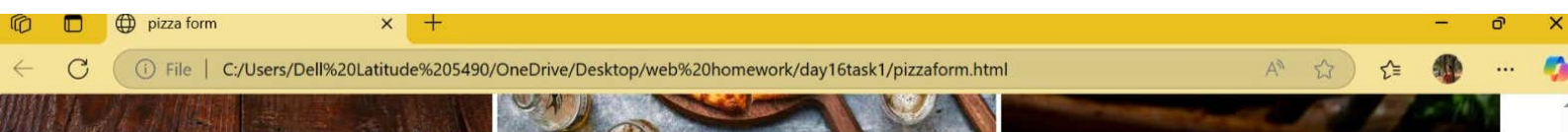




## PIZZA FORM

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## PIZZA FORM

## PIZZA TYPES ▾

- ☐ Margherita Pizza (169 Rs)
- ☐ Paneer Barbeque Pizza (320 Rs)
- ☐ Hot to Tell Pizza (649-749 Rs)
- ☐ Paneer Maharaja Pizza (210 Rs)
- ☐ Detroit all veggies pizza (720 Rs)
- ☐ Sicilian Pizza (200 Rs)
- ☐ Meat Pizza (749 Rs)
- ☒ **Large(16 inches)**

### Additional Items

PIZZA TYPES ▾

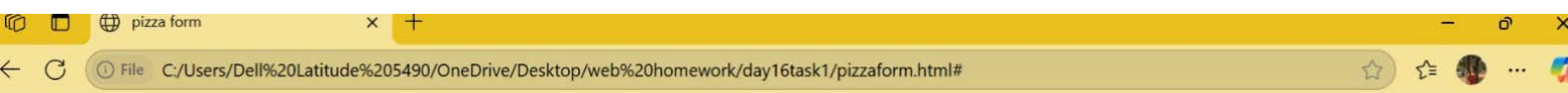
## PIZZA SIZE

- ☐ Personal(10 inches)
- ☐ Medium(14 inches)
- ☐ Small(12 inches)
- ☐ Large(16 inches)

## Additional Items

- ☐ Garlic Bread
- ☐ Cheese Bread
- ☐ Mozzarella Stick
- ☐ Chicken Wings
- ☐ Garden Salad
- ☐ Caesar Salad





## Name

## Phone

## Email Address

## DELIVERY METHOD

- ☐ Pickup
- ☐ Home Delivery

## ADDRESS

Street Address

Apartment/Unit

City

State/Province/Region

Postal/Zip Code

## Special Insturctions

Additional notes or request for your order

## PAYMENT METHOD

State/Province/Region

Postal/Zip Code

## Special Insturctions

Additional notes or request for your order

## PAYMENT METHOD

- ☐ Cash on Delivery/Pickup
- ☐ Credit/Debit Card

Submit

```
1 <!DOCTYPE html>
2 <html>
3 <head>
4   <meta charset="utf-8">
5   <meta name="viewport" content="width=device-width, initial-scale=1">
6   <title>drivinglicenceapplication</title>
7   <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
8   <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
9   <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
10  <style>
11    h1{
12      text-align: center;
13      font-family: serif;
14    }
15  </style>
16 </head>
17 <body>
18
19  <h1 style="background-color: Lightblue;"><ins>||DRIVING LICENSE APPLICATION||</ins></h1><hr>
20  <div class="form-group">
21    <h2><u>Branch</u></h2>
22    <input type="text" class="form-control" name="name" placeholder="Enter your branch">
23  </div><hr>
24  <form>
25    <h2><u>Date</u></h2>
26    <input type="date"><br><hr>
27
28  <h2 style="background-color: Lightblue;"><u>APPLYING FOR A</u></h2>
29  <div class="form-check">
30    <input class="form-check-input" type="radio" value="Learner Permit" name="flexRadioDefault" id="flexRadioDefault">
31    <label class="form-check-label" for="flexRadioDefault2">Learner Permit</label>
32  </div>
33  <div class="form-check">
34    <input class="form-check-input" type="radio" value="ID Card" name="flexRadioDefault" id="flexRadioDefault">
35    <label class="form-check-label" for="flexRadioDefault2">ID Card</label>
36  </div>
37  <div class="form-check">
38    <input class="form-check-input" type="radio" value="Renewal" name="flexRadioDefault" id="flexRadioDefault">
39    <label class="form-check-label" for="flexRadioDefault2">Renewal</label>
40  </div>
41 </form>
42 </body>
43 </html>
```

```
38 <input class="form-check-input" type="radio" value="Renewal" name="flexRadioDefault" id="flexRadioDefault">
39 <label class="form-check-label" for="flexRadioDefault2">Renewal</label>
40
41 </div>
42 <div class="form-check">
43 <input class="form-check-input" type="radio" value="Repalcement" name="flexRadioDefault" id="flexRadioDefault">
44 <label class="form-check-label" for="flexRadioDefault2">Replacement</label>
45 </div><hr>
46 <h2 style="background-color: lightblue;"><u>YOUR PERSONAL DETAILS</u></h2>
47 <div class="form-group">
48 <h3><u>Full Last Name</u></h3>
49 <input type="text" class="form-control" name="name" placeholder="Enter your Full Last Name">
50 </div>
51 <div class="form-group">
52 <h3><u>Full First Name</u></h3>
53 <input type="text" class="form-control" name="name" placeholder="Enter your Full First Name">
54 </div>
55 <div class="form-group">
56 <h3><u>Nationality</u></h3>
57 <input type="text" class="form-control" name="name" placeholder="Nationality">
58 </div>
59 <h3><u>Gender</u></h3>
60 <div class="form-check">
61 <input class="form-check-input" type="radio" value="female" name="flexRadioDefault" id="flexRadioDefault">
62 <label class="form-check-label" for="flexRadioDefault2">Female</label>
63 </div>
64 <div class="form-check">
65 <input class="form-check-input" type="radio" value="male" name="flexRadioDefault" id="flexRadioDefault">
66 <label class="form-check-label" for="flexRadioDefault2">Male</label>
67 </div>
68 <div class="form-group">
69 <h3><u>Date of Birth</u></h3>
70 <input type="text" class="form-control" name="name" placeholder="Enter your DOB">
71 </div>
72 <div class="form-group">
73 <h3><u>Address where you live</u></h3>
74 <input type="text" class="form-control" name="name" placeholder="Enter your Address">
75 </div>
76 <div class="form-group">
```



```
72 </div>
73 <div class="form-group">
74   <h3><u>Address where you live</u></h3>
75   <input type="text" class="form-control" name="name" placeholder="Enter your Address">
76 </div>
77 <div class="form-group">
78   <h3><u>Email Address</u></h3>
79   <input type="text" class="form-control" name="name" placeholder="Enter your Email Address">
80 </div><hr>
81 <h2 style="background-color: Lightblue;"><u>ID CARD NUMBER AND DETAILS</u></h2>
82 <div class="form-group">
83   <h3><u>ID card number</u></h3>
84   <input type="text" class="form-control" name="name" placeholder="Enter the identification number it appears on th card ">
85 </div><hr>
86
87 <h2 style="background-color: Lightblue;"><u>IDENTIFICATION INFORMATION</u></h2>
88 <div class="form-check">
89   <h3>Driver License?</h3>
90   <div class="button">
91     <div class="btn btn-success">yes</div>
92     <div class="btn btn-danger">no</div>
93   </div>
94   <h3>Learner Permit?</h3>
95   <div class="button">
96     <div class="btn btn-success">yes</div>
97     <div class="btn btn-danger">no</div>
98   </div>
99   <h3>Non-driver ID Card?</h3>
100   <div class="button">
101     <div class="btn btn-success">yes</div>
102     <div class="btn btn-danger">no</div>
103   </div></div><hr>
104
105 <h2><u>Submit</u></h2>
106 <button type="submit" class="btn btn-primary">Submit</button><hr>
107 </form>
108 </body>
109 </html>
```

## DRIVING LICENSE APPLICATION

## Branch

Enter your branch

## Date \_\_\_\_\_

dd-mm-yyyy 

## APPLYING FOR A

- ☐ Learner Permit
- ☐ ID Card
- ☐ Renewal
- ☐ Replacement

## YOUR PERSONAL DETAILS

Full Last Name

pizza form

drivinglicenceapplication

File | C:/Users/Dell%20Latitude%205490/OneDrive/Desktop/web%20homework/day16task2/drivinglicenceapp.html?name=&name=&n...

YOUR PERSONAL DETAILS

Full Last Name

Enter your Full Last Name

Full First Name

Enter your Full First Name

Nationality

Nationality

Gender

Female

Male

Date of Birth

Enter your DOB

Address where you live

Enter your Address

Address where you live

Enter your Address

Email Address

Enter your Email Address

ID CARD NUMBER AND DETAILS

ID card number

Enter the identification number it appears on th card

IDENTIFICATION INFORMATION

Driver License?

yes

no

Learner Permit?

yes

no

Non-driver ID Card?

## ID card number

Enter the identification number it appears on th card

## IDENTIFICATION INFORMATION

Driver License?

Learner Permit?

Non-driver ID Card?

## Submit



```
1 <!DOCTYPE html>
2 <html>
3 <head>
4   <meta charset="utf-8">
5   <meta name="viewport" content="width=device-width, initial-scale=1">
6   <title>hospitalappointmentform</title>
7   <link rel="stylesheet" href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/4.7.0/css/font-awesome.min.css">
8
9   <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
10  <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.7.1/jquery.min.js"></script>
11  <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
12 </head>
13 <body>
14   <div class="container">
15     <form method="get">
16       <strong><h1 i class="fa fa-stethoscope" style="font-size: 90px;"></i><u>MEDICAL APPOINTMENT.</u></h1></strong><hr><br>
17       Please fill the form below to schedule an appointment.<hr>
18       <div class="form-group">
19         <h3><u>First Name</u></h3>
20         <input type="text" class="form-control" name="name" placeholder="Enter your First Name" >
21       </div>
22       <div class="form-group">
23         <h3><u>Last Name</u></h3>
24         <input type="text" class="form-control" name="name" placeholder="Enter your Last Name" >
25       </div>
26       <div class="form-group">
27         <h3><u>Email</u></h3>
28         <input type="text" class="form-control" name="name" placeholder="Enter your Email" >
29       </div>
30       <div class="form-group">
31         <h3><u>Address</u></h3>
32         <input type="text" class="form-control" name="name" placeholder="Enter your Address" >
33       </div><hr>
34       <form>
35         <h2><u>Preffered Appointment Date</u></h2>
36         <input type="date"><br><hr>
37
38       <div class="button">
39         <div class="btn btn-warning">Schedule</div></div><hr>
```

C:\Users\Dell Latitude 5490\OneDrive\Desktop\web homework\day16task3\hospital.html - Sublime text (UNREGISTERED)

File Edit Selection Find View Goto Tools Project Preferences Help

pizzaform.html x drivinglicenceapp.html x hospital.html x untitled x

```
18 <div class="form-group">
19   <h3><u>First Name</u></h3>
20   <input type="text" class="form-control" name="name" placeholder="Enter your First Name" >
21 </div>
22 <div class="form-group">
23   <h3><u>Last Name</u></h3>
24   <input type="text" class="form-control" name="name" placeholder="Enter your Last Name" >
25 </div>
26 <div class="form-group">
27   <h3><u>Email</u></h3>
28   <input type="text" class="form-control" name="name" placeholder="Enter your Email" >
29 </div>
30 <div class="form-group">
31   <h3><u>Address</u></h3>
32   <input type="text" class="form-control" name="name" placeholder="Enter your Address" >
33 </div><hr>
34 <form>
35   <h2><u>Preferred Appointment Date</u></h2>
36   <input type="date"><br><hr>
37
38   <div class="button">
39     <div class="btn btn-warning">Schedule</div></div><br>
40 </form>
41 </form></div>
42 </body>
43 </html>
```

File

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hospitalappointmentform

U

MEDICAL

APPOINTMENT.

Please fill the form below to schedule an appointment.

First Name

Enter your First Name

Last Name

Enter your Last Name

Email

Enter your Email

Please fill the form below to schedule an appointment.


### First Name

### Last Name

### Email

### Address

### Preferred Appointment Date

Schedule