

HTML

CSS

JS

OUTPUT

```
1 <!DOCTYPE html>
2 <html lang="en">
3 <head>
4
5 <meta charset="UTF-8">
6 <meta name="viewport"
7 content="width=device-width,
  initial-scale=1">
8
9 <title>Patient Record System</title>
10
11 <style>
12
13 body {
14 font-family: Arial, sans-serif;
15 background-color:white;
16 margin: 20px;
17 }
18
19 .container {
20 width: 60%;
21 margin: auto;
22 background-color:powderblue;
23 padding: 25px;
24 border-radius: 10px;
25 box-shadow: 0 0 15px rgba(0,0,0,0.1);
26 color:black;
27 }
28
29 h1{
30 text-align: center;
31 color:purple;
32 font-size:23px;
33 }
34
```

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RUN



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```
35 label {
36   font-weight: bold;
37   display: block;
38   margin-top: 15px;
39 }
40
41 input[type="text"],
42 input[type="email"],
43 input[type="tel"],
44 input[type="date"],
45 select,
46
47 textarea {
48   width: 100%;
49   padding: 10px;
50   margin-top: 5px;
51   border: 1px solid #ccc;
52   border-radius: 5px;
53 }
54
55 gender-options {
56   margin-top: 5px;
57 }
58
59 .gender-options label{
60   font-weight: normal;
61   margin-right: 15px;
62 }
63
64 input[type="submit"] {
65   background-color: #28a745;
66   color: white;
67   padding: 10px 25px;
68   margin-top: 20px;
```

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```

71 cursor: pointer,
72 }
73
74 input[type="submit"]:hover {
75 background-color: #218838;
76 }
77
78 </style>
79 </head>
80 <body>
81 <div class="container">
82
83 <h1>Patient Record System</h1>
84
85 <form action="#" method="post">
86
87 <label for="id">Patient Id: </label>
88 <input type="text" id="id" name="name"
89 required>
90
91 <label for="name">Patient Name:</label>
92 <input type="name" id="name"
93 name="name" required>
94
95 <label for="phone">Age:</label>
96 <input type="tel" id="phone"
97 name="phone"
98 required>
99
100 <label for="gender">Gender:</label>
101 <div class="gender-options">
102 <label><input type="radio"
103 name="gender"
value="Male" required>Male</label>

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```
99 <label for="gender">Gender:</label>
100 <div class="gender-options">
101
102 <label><input type="radio"
    name="gender"
103 value="Male" required>Male</label>
104
105 <label><input type="radio"
    name="gender"
106 value="Female">Female</label>
107
108 <label><input type="radio"
    name="gender" value="Other">Other</
    label>
109 </div>
110
111 <label for="phone">Phone:</label>
112 <textarea id="phone" name="phone"
    rows="3" required></textarea>
113
114
115
116
117
118
119 <label for="message">Symptoms:</label>
    <textarea id="message" name="message"
    rows="3"></textarea>
120
121 </form>
122 <input type="submit" value="Submit">
123 </div>
124 </body>
125 </html>
```

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# Patient Record System

**Patient Id:**

**Patient Name:**

**Age:**

**Gender:**

- ☐ Male
- ☐ Female
- ☐ Other

**Phone:**

**Symptoms:**

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81 <div class="container">
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83 <h1>Course Management Form</h1>
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85 <form action="#" method="post">
86
87 <label for="name">Couse Id: </label>
88 <input type="text" id="id" name="name"
89 required>
90
91 <label for="email">Course Name:</label>
92 <input type="name" id="name"
93 name="name" required>
94
95 <label for="phone">Duration:</label>
96 <input type="Duration" id="Duration"
97 name="name"
98 required>
99
100
101 <label for="fees">Fees:</label>
102 <textarea id="fees" name="fees"
103 rows="3" required></textarea>
104
105
106 </form>
107 <input type="submit" value="Submit">
108 </div>
109 </body>
110 </html>
```

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## Course Management Form

**Couse Id:**

**Course Name:**

**Duration:**

**Fees:**

Submit