Assessment - 1

Name - Rachit Saxena
Reg- 20BCE2322
Campus - Vellore

Code –

```html
<!DOCTYPE html>
<html>
<head>
  <title>20BCE2322</title>
  <style>
   body {
     font-family: Arial, sans-serif;
   }

   .form-container {
     max-width: 400px;
     margin: 0 auto;
     padding: 20px;
     border: 1px solid #ccc;
     border-radius: 4px;
     background-color: #f2f2f2;
   }

   .form-container h2 {
     text-align: center;
     color: #333;
   }

   .form-group {
     margin-bottom: 15px;
   }

   .form-group label {
     display: block;
     margin-bottom: 5px;
     font-weight: bold;
     color: #555;
   }
```

```css
    .form-group input,
    .form-group select {
      width: 100%;
      padding: 8px;
      border: 1px solid #ccc;
      border-radius: 4px;
      font-size: 14px;
      color: #555;
    }

    .form-group select {
      appearance: none;
      -webkit-appearance: none;
      padding-right: 24px;
      background: url('https://cdn.jsdelivr.net/gh/GoogleChrome/ui-
element-samples/select-arrow.png') no-repeat center right;
      background-size: 16px;
    }

    .form-group button {
      width: 100%;
      padding: 8px;
      border: none;
      border-radius: 4px;
      background-color: black;
      color: white;
      font-weight: bold;
      cursor: pointer;
      transition: background-color 0.3s ease;
    }

    .form-group button:hover {
      background-color: lightgreen;
    }
  </style>
</head>
<body>
<div class="form-container">
  <h2>Spring Boot Camp</h2>
```

```html
  <form>
    <div class="form-group">
      <label for="name">Name:</label>
      <input type="text" id="name" name="name"
placeholder="Enter your name">
    </div>
    <div class="form-group">
      <label for="email">Email:</label>
      <input type="email" id="email" name="email"
placeholder="Enter your email">
    </div>
    <div class="form-group">
      <div class="form-group">
        <label for="regNum">Registration Number:</label>
        <input type="text" id="regNum" name="regNum"
placeholder="Enter your registration Number">
      </div>
      <label for="campus">Campus:</label>
      <select id="campus" name="campus">
        <option value="vellore">Vellore</option>
        <option value="chennai">Chennai</option>
      </select>
    </div>
    <div class="form-group">
      <button type="submit">Register</button>
    </div>
  </form>
</div>
</body>
</html>
```
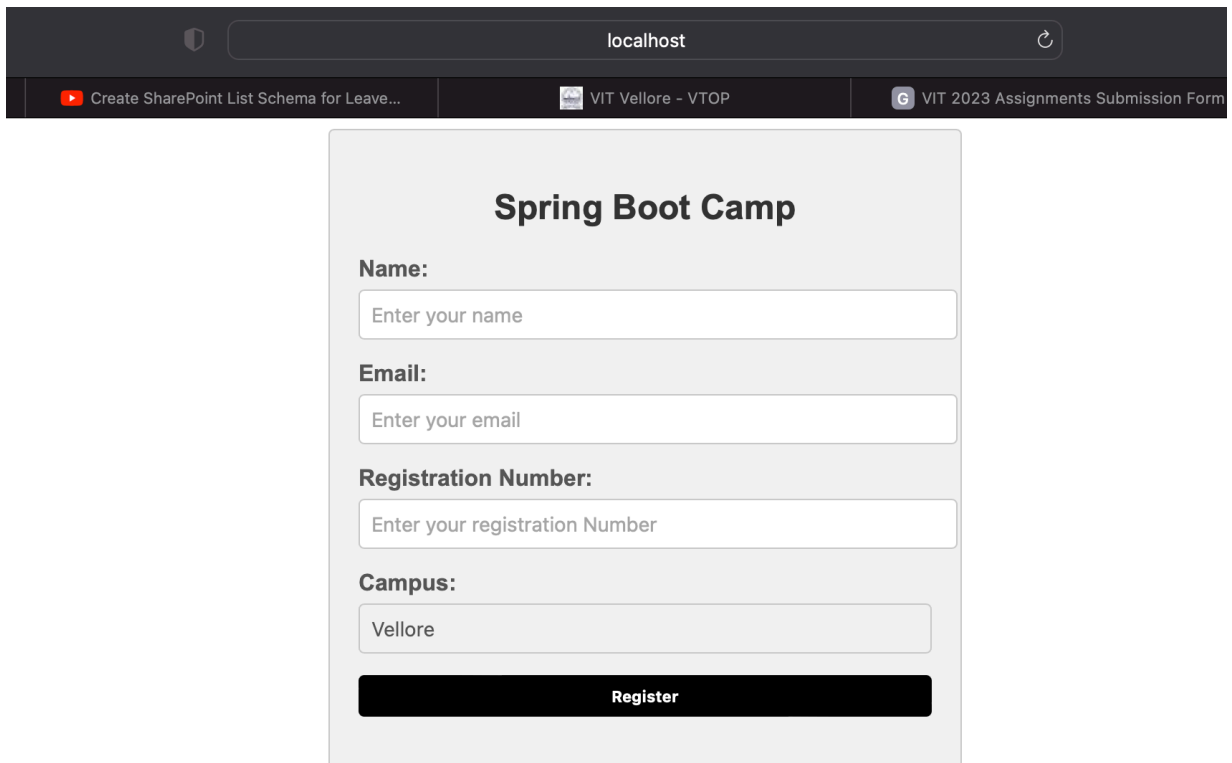
Screen Shot of Code

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<body>
<div class="form-container">
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    <form>
        <div class="form-group">
            <label for="name">Name:</label>
            <input type="text" id="name" name="name" placeholder="Enter your name">
        </div>
        <div class="form-group">
            <label for="email">Email:</label>
            <input type="email" id="email" name="email" placeholder="Enter your email">
        </div>
```

```
82        <div class="form-group">
83          <div class="form-group">
84            <label for="regNum">Registration Number:</label>
85            <input type="text" id="regNum" name="regNum" placeholder="Enter your registration Number">
86          </div>
87          <label for="campus">Campus:</label>
88          <select id="campus" name="campus">
89            <option value="vellore">Vellore</option>
90            <option value="chennai">Chennai</option>
91          </select>
92        </div>
93        <div class="form-group">
94          <button type="submit">Register</button>
95        </div>
96      </form>
97    </div>
98  </body>
99  </html>
100
```

Output Screen Shots

localhost

Create SharePoint List Schema for Leave...   VIT Vellore - VTOP   VIT 2023 Assignments Submission Form

Spring Boot Camp

Name:

Enter your name

Email:

Enter your email

Registration Number:

Enter your registration Number

Campus:

Vellore

Register