

Lab	Type	Practical
I.	Introduction to Web Technology	
LAB-1	A	Typing Practice
LAB-2	A	<p>Exploring a Website and HTTP Basics</p> <ol style="list-style-type: none"> 1. Web Surfing 2. Collect About Us, Contact Us, ASWDC Content from Darshan University Website and Save information as text file 3. Demonstrate HTTP Protocol.
LAB-3	<p>Case Study on basic Internet Protocol.</p> <p>4. Understanding Internet and Web Explore different web browsers and search engines. Identify and explain common internet protocols (HTTP, HTTPS, FTP).</p> <p>5. Understanding HTTP requests and responses Demonstrate client-server communication using HTTP requests (GET, POST). Demonstrate HTTP Response Status Codes.</p>	
II.	HTML	
LAB-4	A	<p>Understanding Basic HTML Structure and Tags.</p> <ol style="list-style-type: none"> 6. Demonstrate a HTML page that includes: <ul style="list-style-type: none"> ▪ Use of <!DOCTYPE> declaration ▪ Proper HTML document structure (<html>, <head>, <body>) ▪ A list of at least 5 basic HTML tags with their purpose 7. Design a sample HTML page to demonstrate the basic structure of an HTML document, which displays your name, roll number, and division. 8. Create a web page just like Wikipedia that shows information about basic HTML tags.
LAB-5		<p>Demonstrate HTML tags and HTML controls</p> <ol style="list-style-type: none"> 9. Demonstrate following HTML tags : <!DOCTYPE>, <html>, <head>, <title>, <body>, heading tags (<h1> to <h6>), paragraph tag (<p>), list tags (, ,), line break (
), horizontal rule (<hr>), and the id, class, and style attributes.

LAB-6	<p>A</p> <p>Design given web pages using List tags</p> <p>10. Design a web page using list tag</p> <div style="border: 1px solid black; padding: 10px;"> <p>Concept of WWW</p> <ul style="list-style-type: none"> ▪ It stands for World Wide Web. ▪ It is basically a system of internet servers that support specially formatted documents. ▪ It is a collection of text pages, videos, digital photographs and animations we can access over the internet. ▪ User access the World Wide Web facilities via client called a web browser. <p>HTTP Protocol</p> <p>I. HTTP stands for Hypertext Transfer Protocol. II. HTTP is based on the client-server architecture model and a stateless request/response protocol III. 404 File Not Found is a common HTTP status code.</p> <p>BCA Sem-2 Subject List</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">HTML</td><td style="width: 90%;">HyperText Markup Language</td></tr> <tr> <td>CSS</td><td>Cascading Style Sheet</td></tr> <tr> <td>DBMS</td><td>Database Management System</td></tr> </table> </div>	HTML	HyperText Markup Language	CSS	Cascading Style Sheet	DBMS	Database Management System
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<p>B</p> <p>11. Design a web page using list tag with all it's attributes</p> <div style="border: 1px solid black; padding: 10px;"> <p>Welcome BCA/B.Sc (IT) Students</p> <ul style="list-style-type: none"> I. Semester Wise Subjects <ul style="list-style-type: none"> a. Semester 1 <ul style="list-style-type: none"> i. C Programming ii. HTML & CSS b. Semester 2 <ul style="list-style-type: none"> i. Operating System ii. DBMS II. Lab Practicals <ul style="list-style-type: none"> 1. Programming Lab 2. DBMS Lab <ul style="list-style-type: none"> o MySQL Basics o Queries <ul style="list-style-type: none"> ▪ SELECT queries ▪ JOIN queries o Stored Procedures 3. Web Development Lab III. Final Year Projects <ul style="list-style-type: none"> o Android App <ul style="list-style-type: none"> o Student Attendance o E-commerce Website o Chatbot using AI </div>							

LAB-7	<p>A Application of various formatting HTML tags</p> <p>12. Demonstrate following HTML tags : Preformatted text, Underline Tag, Bold Tag, Italic Tag, Inserted Tag and Deletion Tag.</p> <p>A 13. Demonstrate HTML Entities.</p> <p>A 14. Demonstrate the use of comment tag.</p> <p>A 15. Demonstrate the use of Image tag.</p> <p>B 16. Design a web page in which Images can be used as a Link.</p> <p>B 17. Design 3 pages - Home, About Us, and Contact Us - and link them together using anchor tag.</p> <p>C 18. Design 10 Pages like About us, Contact us etc... and link all them with anchor tag.</p>																														
LAB-8	<p>Create a table in web page using table tags</p> <p>A</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Heading 1</th> <th style="text-align: center;">Heading 2</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Row 1 Column 1</td> <td style="text-align: center;">Row 1 Column 2</td> </tr> <tr> <td style="text-align: center;">Row 2 Column 1</td> <td style="text-align: center;">Row 2 Column 2</td> </tr> </tbody> </table> <p>19.</p> <p>B</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">10</td> </tr> </tbody> </table> <p>20.</p> <p>B</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">10</td> </tr> </tbody> </table> <p>21.</p>	Heading 1	Heading 2	Row 1 Column 1	Row 1 Column 2	Row 2 Column 1	Row 2 Column 2	1		2	3	4	5	6	7	8	9		10	1	2	3	4	5	6	9	7	8			10
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LAB-12	A	Demonstrate form elements to design various forms 29. Design Registration form of Student registration with following compulsory fields. Student registration: <table border="1"> <tr> <td>Full name</td><td>Email</td><td>Qualification</td><td>Mobile No</td><td>Address</td><td>Nationality</td></tr> <tr> <td>DOB</td><td>Gender</td><td>Highest Deg</td><td>CPI</td><td>University</td><td>Passing year</td></tr> </table>	Full name	Email	Qualification	Mobile No	Address	Nationality	DOB	Gender	Highest Deg	CPI	University	Passing year
Full name	Email	Qualification	Mobile No	Address	Nationality									
DOB	Gender	Highest Deg	CPI	University	Passing year									
A 30. Design Registration form of Employee information with following compulsory fields. Employee information: <table border="1"> <tr> <td>Emp id</td><td>Emp Name</td><td>Designation</td><td>Contact no</td><td>Email</td></tr> <tr> <td>Job Location</td><td>Education</td><td>Marital status</td><td>Salary</td><td>Experience</td></tr> </table>	Emp id	Emp Name	Designation	Contact no	Email	Job Location	Education	Marital status	Salary	Experience				
Emp id	Emp Name	Designation	Contact no	Email										
Job Location	Education	Marital status	Salary	Experience										
B	B 31. Design Registration form of Railway reservation with following compulsory fields. Railway reservation : <table border="1"> <tr> <td>First Name</td><td>Last name</td><td>Email</td><td>Mobile no</td><td>Address</td></tr> <tr> <td>Country</td><td>State</td><td>City</td><td>Pincode</td><td>occupation</td></tr> </table>	First Name	Last name	Email	Mobile no	Address	Country	State	City	Pincode	occupation			
First Name	Last name	Email	Mobile no	Address										
Country	State	City	Pincode	occupation										
C	C 32. Design Online Booking with following compulsory fields. <table border="1"> <tr> <td>Full name</td><td>Email</td><td>Phone number</td><td>Departure Date/Time</td><td>Return Date/Time</td><td>Pickup Address</td></tr> <tr> <td>Destination Address</td><td>Journey Type</td><td>No of Passenger</td><td>Additional Message</td><td></td><td></td></tr> </table>	Full name	Email	Phone number	Departure Date/Time	Return Date/Time	Pickup Address	Destination Address	Journey Type	No of Passenger	Additional Message			
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Destination Address	Journey Type	No of Passenger	Additional Message											
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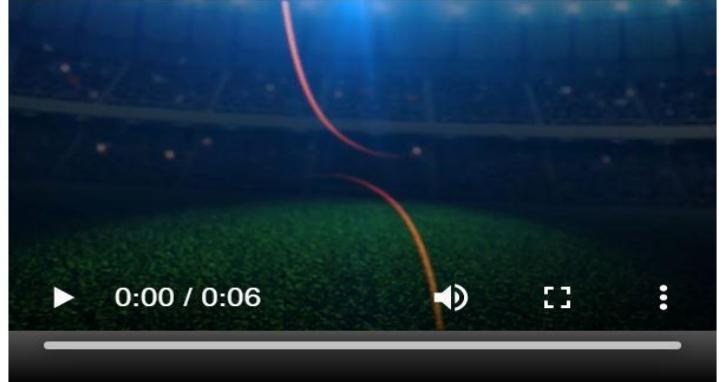
LAB-13	<p>A</p> <p>Create a form in web page using table as a layout</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Registration Form</th> </tr> </thead> <tbody> <tr> <td>Student Name</td> <td><input type="text"/></td> </tr> <tr> <td>Father's Name</td> <td><input type="text"/></td> </tr> <tr> <td>Mother's Name</td> <td><input type="text"/></td> </tr> <tr> <td>Date of Birth</td> <td><input type="text"/> dd-mm-yyyy <input type="button" value=""/></td> </tr> <tr> <td>Gender</td> <td>Male <input type="radio"/> Female <input type="radio"/></td> </tr> <tr> <td>Email ID</td> <td><input type="text"/></td> </tr> <tr> <td>Mobile No.</td> <td><input type="text"/></td> </tr> <tr> <td>Address</td> <td><input type="text"/></td> </tr> <tr> <td>State</td> <td><input type="text"/></td> </tr> <tr> <td>City</td> <td><input type="text"/></td> </tr> <tr> <td colspan="2"> 33. <input type="text"/> <input type="button" value="Submit"/> </td> </tr> </tbody> </table> <p>B</p> <p>Registration Form</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td>Student Name</td> <td><input type="text"/> First Name</td> <td><input type="text"/> Middle Name</td> <td><input type="text"/> Last Name</td> </tr> <tr> <td>Father's Name</td> <td><input type="text"/> Enter your father's Name</td> <td>Mother's Name</td> <td><input type="text"/> Enter your Mother's Name</td> </tr> <tr> <td>Date of Birth</td> <td><input type="text"/> dd-mm-yyyy <input type="button" value=""/></td> <td>Gender</td> <td>Male <input type="radio"/> Female <input type="radio"/></td> </tr> <tr> <td>Category</td> <td>Gen <input type="radio"/> OBC <input type="radio"/> SC/ST <input type="radio"/></td> <td>Handicapped</td> <td>Yes <input type="radio"/> No <input type="radio"/></td> </tr> <tr> <td>Ex-Serviceman</td> <td>Yes <input type="radio"/> NO <input type="radio"/></td> <td>EWS</td> <td>Yes <input type="radio"/> No <input type="radio"/></td> </tr> <tr> <td>Email ID</td> <td><input type="text"/></td> <td>Mobile No.</td> <td><input type="text"/></td> </tr> <tr> <td>State</td> <td><input type="text"/> Select any One <input type="button" value=""/></td> <td>City</td> <td><input type="text"/> Select any One <input type="button" value=""/></td> </tr> <tr> <td>Upload Photo</td> <td><input type="button" value="Choose File"/> No file chosen</td> <td>Upload Signature</td> <td><input type="button" value="Choose File"/> No file chosen</td> </tr> <tr> <td colspan="4" style="text-align: right;"><input type="button" value="Submit"/></td> </tr> </tbody> </table>	Registration Form		Student Name	<input type="text"/>	Father's Name	<input type="text"/>	Mother's Name	<input type="text"/>	Date of Birth	<input type="text"/> dd-mm-yyyy <input type="button" value=""/>	Gender	Male <input type="radio"/> Female <input type="radio"/>	Email ID	<input type="text"/>	Mobile No.	<input type="text"/>	Address	<input type="text"/>	State	<input type="text"/>	City	<input type="text"/>	33. <input type="text"/> <input type="button" value="Submit"/>		Student Name	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name	Father's Name	<input type="text"/> Enter your father's Name	Mother's Name	<input type="text"/> Enter your Mother's Name	Date of Birth	<input type="text"/> dd-mm-yyyy <input type="button" value=""/>	Gender	Male <input type="radio"/> Female <input type="radio"/>	Category	Gen <input type="radio"/> OBC <input type="radio"/> SC/ST <input type="radio"/>	Handicapped	Yes <input type="radio"/> No <input type="radio"/>	Ex-Serviceman	Yes <input type="radio"/> NO <input type="radio"/>	EWS	Yes <input type="radio"/> No <input type="radio"/>	Email ID	<input type="text"/>	Mobile No.	<input type="text"/>	State	<input type="text"/> Select any One <input type="button" value=""/>	City	<input type="text"/> Select any One <input type="button" value=""/>	Upload Photo	<input type="button" value="Choose File"/> No file chosen	Upload Signature	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Submit"/>			
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C	<p align="center">APPLICATION FORM</p> <p>Personal Details</p> <table border="0"> <tr> <td>Applicant's full name</td> <td><input type="text"/></td> <td>Care Of</td> <td>Parents <input checked="" type="radio"/> Guardian <input type="radio"/></td> </tr> <tr> <td>Father's Name</td> <td><input type="text"/> Mr. <input type="radio"/></td> <td>Mother's Name</td> <td><input type="text"/> Mrs. <input type="radio"/></td> </tr> <tr> <td>Gender</td> <td>Male <input type="radio"/> Female <input type="radio"/> Others <input type="radio"/></td> <td>Date of Birth</td> <td><input type="text"/> dd-mm-yyyy <input type="button" value="..."/></td> </tr> <tr> <td>Marital Status</td> <td><input type="text"/> --Select--</td> <td>Category</td> <td><input type="text"/> --Select--</td> </tr> <tr> <td>Handicapped</td> <td>No <input checked="" type="radio"/> Yes <input type="radio"/></td> <td>Ex-Serviceman</td> <td>No <input checked="" type="radio"/> Yes <input type="radio"/></td> </tr> <tr> <td>EWS</td> <td>No <input checked="" type="radio"/> Yes <input type="radio"/></td> <td>Religion</td> <td><input type="text"/> --Select--</td> </tr> </table> <p>Contact Details</p> <table border="0"> <tr> <td>Mobile Number</td> <td><input type="text"/></td> <td>Email ID</td> <td><input type="text"/></td> </tr> <tr> <td>Address Line 1</td> <td><input type="text"/></td> <td>Address Line 2</td> <td><input type="text"/></td> </tr> <tr> <td>City</td> <td><input type="text"/></td> <td>State</td> <td><input type="text"/> --Select--</td> </tr> <tr> <td>Pin Code</td> <td><input type="text"/></td> <td colspan="2"></td> </tr> </table> <p>Qualification Details</p> <table border="1" style="width: 100%; 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35.

LAB-14	A <div style="border: 1px solid #ccc; padding: 10px; width: fit-content; margin: auto;"> <p>Flight Booking Form</p> <p>Please fill out the form below to book your flight.</p> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="width: 45%;"> <input type="text" value="Full Name"/> </div> <div style="width: 45%;"> <input type="text" value="Phone Number"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="width: 45%;"> <input type="text" value="Email Address"/> </div> <div style="width: 45%;"> <input type="text" value="Destination City"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="width: 45%;"> <input type="text" value="Departure Date"/> </div> <div style="width: 45%;"> <input type="text" value="Return Date"/> </div> </div> <p>Class</p> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <input type="checkbox"/> Economy <input type="checkbox"/> Business <input type="checkbox"/> First Class </div> <p><input type="checkbox"/> I have read and accept the terms and conditions.</p> <div style="background-color: #007bff; color: white; padding: 5px; border-radius: 10px; text-align: center; width: fit-content; margin: auto;"> Submit </div> </div>	<p>36.</p> <div style="border: 1px solid #ccc; padding: 10px; width: fit-content; margin: auto;">  <p>Doctor Appointment Form</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Appointment Date"/> </div> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="dd-mm-yyyy"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Appointment Time"/> </div> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="-- : -- : --"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Name"/> </div> <div style="width: 45%;"> <input style="width: 50%;" type="text" value="First"/> <input style="width: 50%;" type="text" value="Last"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="radio" value="Male"/> Male </div> <div style="width: 45%;"> <input checked="" type="radio" value="Female"/> Female </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Phone"/> </div> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="#####"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Address"/> </div> <div style="width: 45%;"> <input style="width: 50%;" type="text" value="city"/> <input style="width: 50%;" type="text" value="state"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Your Query"/> </div> <div style="width: 45%;"> </div> </div> <div style="margin-top: 10px;"> <p>Appointment Type</p> <p>Select which appointment type(s) you require</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Cervix checkup <input type="checkbox"/> Heart checkup <input type="checkbox"/> Eye check-up <input type="checkbox"/> Hearing Test </div> <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Send"/> </div> </div> </div>
	<p>37.</p> <div style="border: 1px solid #ccc; padding: 10px; width: fit-content; margin: auto;">  <p>Doctor Appointment Form</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Appointment Date"/> </div> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="dd-mm-yyyy"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Appointment Time"/> </div> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="-- : -- : --"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Name"/> </div> <div style="width: 45%;"> <input style="width: 50%;" type="text" value="First"/> <input style="width: 50%;" type="text" value="Last"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="radio" value="Male"/> Male </div> <div style="width: 45%;"> <input checked="" type="radio" value="Female"/> Female </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Phone"/> </div> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="#####"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Address"/> </div> <div style="width: 45%;"> <input style="width: 50%;" type="text" value="city"/> <input style="width: 50%;" type="text" value="state"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text" value="Your Query"/> </div> <div style="width: 45%;"> </div> </div> <div style="margin-top: 10px;"> <p>Appointment Type</p> <p>Select which appointment type(s) you require</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Cervix checkup <input type="checkbox"/> Heart checkup <input type="checkbox"/> Eye check-up <input type="checkbox"/> Hearing Test </div> <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Send"/> </div> </div> </div>	

	C	<p align="center">REGISTRATION APPLICATION FORM FOR COURSE - O LEVEL</p> <p>1. Registration Form</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1.0</td><td>Have you got online reference number for enrolment with NIELIT/Accreditation/Extension Center</td><td style="width: 30%; text-align: right;"><input type="radio"/> No <input checked="" type="radio"/> Yes</td></tr> <tr> <td>1.1</td><td>Registration sought for</td><td style="text-align: right;"><input type="radio"/> O LEVEL <input checked="" type="radio"/> Others</td></tr> <tr> <td>1.2</td><td>Applied As</td><td style="text-align: right;"><input checked="" type="radio"/> Direct Candidate <input type="radio"/> Through Institute</td></tr> <tr> <td>1.3</td><td>Exam Cycle</td><td style="text-align: right;">July, 2022</td></tr> <tr> <td>1.4</td><td>Registration Fee Will Be Paid By?</td><td style="text-align: right;">Candidate Direct to NIELIT</td></tr> </table> <p>2. Applicant's Personal Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">2.1</td><td>Applicant's full name</td><td style="width: 30%; text-align: right;"><input type="radio"/> Select --</td></tr> <tr> <td>2.2</td><td>Care Of</td><td style="text-align: right;"><input checked="" type="radio"/> Parents <input type="radio"/> Guardian</td></tr> <tr> <td>2.2.1</td><td>Father's Name</td><td style="text-align: right;">Mr. <input type="radio"/></td></tr> <tr> <td>2.2.2</td><td>Mother's Name</td><td style="text-align: right;">Mrs. <input type="radio"/></td></tr> <tr> <td>2.3</td><td>Gender</td><td style="text-align: right;"><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others</td></tr> <tr> <td>2.4</td><td>Date of Birth</td><td style="text-align: right;">dd-mm-yyyy <input type="text"/></td></tr> <tr> <td>2.5</td><td>Marital Status</td><td style="text-align: right;"><input type="radio"/> Select --</td></tr> <tr> <td>2.6</td><td>Category</td><td style="text-align: right;"><input type="radio"/> Select --</td></tr> <tr> <td>2.7</td><td>Handicapped</td><td style="text-align: right;"><input type="radio"/> No <input checked="" type="radio"/> Yes</td></tr> <tr> <td>2.8</td><td>Ex-Serviceman</td><td style="text-align: right;"><input type="radio"/> No <input checked="" type="radio"/> Yes</td></tr> <tr> <td>2.9</td><td>EWS</td><td style="text-align: right;"><input type="radio"/> No <input checked="" type="radio"/> Yes</td></tr> <tr> <td>2.10</td><td>Religion</td><td style="text-align: right;"><input type="radio"/> Select --</td></tr> </table> <p>3. Contact Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">3.1</td><td>Mobile Number</td><td style="width: 30%; text-align: right;"><input type="text"/></td></tr> <tr> <td>3.2</td><td>Email ID</td><td style="text-align: right;"><input type="text"/></td></tr> <tr> <td>3.3</td><td>Address Line 1</td><td style="text-align: right;"><input type="text"/></td></tr> <tr> <td>3.4</td><td>Address Line 2</td><td style="text-align: right;"><input type="text"/></td></tr> <tr> <td>3.5</td><td>City</td><td style="text-align: right;"><input type="text"/></td></tr> <tr> <td>3.6</td><td>State</td><td style="text-align: right;"><input type="radio"/> Select --</td></tr> <tr> <td>3.7</td><td>Pin Code</td><td style="text-align: right;"><input type="text"/></td></tr> </table> <p>4. Educational / Qualification Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">4.1</td><td>Highest Educational Qualification</td><td style="width: 30%; text-align: right;"><input type="radio"/> Select --</td></tr> <tr> <td>4.2</td><td>Year of Passing</td><td style="text-align: right;"><input type="text"/></td></tr> </table> <p>5. Identification Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">5.1</td><td>Aadhar Card Number</td><td style="width: 30%; text-align: right;"><input type="text"/></td></tr> <tr> <td>5.2</td><td>Upload Photo</td><td style="text-align: right;"><input type="button" value="Choose File"/> No file chosen</td></tr> </table> <p style="text-align: right;">Submit <input type="button" value="Back"/></p> <p style="text-align: center;">38.</p>	1.0	Have you got online reference number for enrolment with NIELIT/Accreditation/Extension Center	<input type="radio"/> No <input checked="" type="radio"/> Yes	1.1	Registration sought for	<input type="radio"/> O LEVEL <input checked="" type="radio"/> Others	1.2	Applied As	<input checked="" type="radio"/> Direct Candidate <input type="radio"/> Through Institute	1.3	Exam Cycle	July, 2022	1.4	Registration Fee Will Be Paid By?	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	A	<p>Embedding Media Content Using HTML5 Audio and Video Tags</p> <p>39. Design a web page using audio tag.</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <h2>HTML Audio Element</h2> <div style="background-color: #f0f0f0; border-radius: 50%; width: 40px; height: 40px; margin: 10px auto;"></div> <p>▶ 0:00 / 6:04</p> <div style="width: 100%; height: 1px; background-color: #ccc; margin-top: 5px;"></div> <p>🔊 ⏰</p> </div>																																																																																				

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