

ASSIGNMENT-1

NAME: N. Hima Varsha

REG.NO:20BCE7279

Create a form by applying CSS in it.

Code:

```
<!DOCTYPE html>

<html>

<style>

input[type=text], select {

    width: 100%;

    padding: 12px 20px;

    margin: 8px 0;

    display: inline-block;

    border: 1px solid #ccc;

    border-radius: 4px;

    box-sizing: border-box;

}


input[type=submit] {

    width: 100%;

    background-color: #4CAF50;

    color: white;

    padding: 14px 20px;

    margin: 8px 0;

    border: none;

    border-radius: 4px;
```

```
    cursor: pointer;
}
```

```
input[type=submit]:hover {
    background-color: #45a049;
}
```

```
div {
    border-radius: 5px;
    background-color: #f2f2f2;
    padding: 20px;
}
```

```
</style>
```

```
<body>
```

```
<h3>Form</h3>
```

```
<div>
```

```
<form action="/action_page.php">
```

```
<label for="fname">First Name</label>
```

```
<input type="text" id="fname" name="firstname" placeholder="Your name..">
```

```
<label for="lname">Last Name</label>
```

```
<input type="text" id="lname" name="lastname" placeholder="Your last name..">
```

```
<p>
```

```
<label for="dob">Date of Birth</label>
```

```
<input type="date" id="dob" name="DOB">
```

```
</p>
```

<p>

<label for="phnum">Phone Number</label>

<input type="tel" id="phone" name="phone" placeholder="e.g. +91 702 123 4567"
value="+91 ">

</p>

<label for="designation">Designation</label>

<select id="designation" name="designation">

<option value="ug">UG</option>

<option value="pg">PG</option>

<option value="diploma">Diploma</option>

<option value="lecturer">Lecturer</option>

</select>

<label for="country">Country</label>

<select id="country" name="country">

<option value="india">India</option>

<option value="canada">Canada</option>

<option value="usa">USA</option>

<option value="australia">Australia</option>

<option value="south korea">South Korea</option>

</select>

<input type="submit" value="Submit">

</form>

</div>

</body>

</html>

Output:

Form

First Name

Your name..

Last Name

Your last name..

Date of Birth

dd-mm-yyyy

Phone Number

+91

Designation

UG

Country

India

Submit