NAME SHOUKAT ALI

ID 16425

DEPERTMENT SOFTWARE ENGERRING

SECTION B

<!DOCTYPE html>

<html>

<head>

<title>Page Title</title>

<style>

table {

 font-family: arial, sans-serif;

 border-collapse: collapse;

 width: 100%;

}

td, th {

 border: 1px solid #dddddd;

 text-align: left;

 padding: 8px;

}

tr:nth-child(even) {

 background-color: #dddddd;

}

.topnav {

 overflow: hidden;

 background-color: #333;

}

.topnav a {

 float: left;

 color: #f2f2f2;

 text-align: center;

 padding: 14px 16px;

 text-decoration: none;

 font-size: 17px;

}

.topnav a:hover {

 background-color: #ddd;

 color: black;

}

.topnav a.active {

 background-color: #4CAF50;

 color: white;

}

h3{

 font-family: Calibri;

 font-size: 25pt;

 font-style: normal;

 font-weight: bold;

 color:SlateBlue;

 text-align: center;

 text-decoration: underline

}

table{

 font-family: Calibri;

 color:white;

 font-size: 11pt;

 font-style: normal;

 font-weight: bold;

 text-align:;

 background-color: SlateBlue;

 border-collapse: collapse;

 border: 2px solid navy

}

table.inner{

 border: 0px

}

</style>

</head>

<body>

<h1>Html Link Starts here</h1>

<a href="https://www.google.com/intl/en-GB/gmail/about/#">Click here</a>

<h1>Menu Bar starts here</h1>

<div class="topnav">

 <a class="active" href="https://www.google.com/intl/en-GB/gmail/about/#">Home</a>

 <a href="#news">News</a>

 <a href="#contact">Contact</a>

 <a href="#about">About</a>

</div>

<h1>Welcome to my personal Infomation</h1>

1.<p>My name is <strong>Shoukat Ali</strong></p><br>

2.<p>My Father Name is<strong> Abdul Wakeel</strong></p><br>

3.<p>I study in <strong>IQRA NATIONAL UNIVERSITY</strong></p><br>

4.<p>My student id is<strong>16425</strong></p><br>

5.<p>My degree is<strong>Software Engineering</strong></p><br>

<img src="foldername/pic\_trulli.jpg" alt="Italian Trulli">

<h2>TABLE STARTS HERE</h2>

<table>

 <tr>

 <th>Name</th>

 <th>Contact</th>

 <th>Country</th>

 </tr>

 <tr>

 <td>Muhammad Yousaf</td>

 <td>0332434234</td>

 <td>Pakistan</td>

 </tr>

<tr>

 <td>Muhammad Yousaf</td>

 <td>0332434234</td>

 <td>Pakistan</td>

 </tr>

<tr>

 <td>Muhammad Yousaf</td>

 <td>0332434234</td>

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 <td>Pakistan</td>

 </tr>

<tr>

 <td>Muhammad Yousaf</td>

 <td>0332434234</td>

 <td>Pakistan</td>

 </tr>

</table>

<h1>Student Registration form Starts Here</h1>

<h3>STUDENT REGISTRATION FORM</h3>

<table align="center" cellpadding = "10">

<!----- First Name ---------------------------------------------------------->

<tr>

<td>FIRST NAME</td>

<td><input type="text" name="First\_Name" maxlength="30"/>

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Last Name ---------------------------------------------------------->

<tr>

<td>LAST NAME</td>

<td><input type="text" name="Last\_Name" maxlength="30"/>

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Date Of Birth -------------------------------------------------------->

<tr>

<td>DATE OF BIRTH</td>

<td>

<select name="Birthday\_day" id="Birthday\_Day">

<option value="-1">Day:</option>

<option value="1">1</option>

<option value="2">2</option>

<option value="3">3</option>

<option value="4">4</option>

<option value="5">5</option>

<option value="6">6</option>

<option value="7">7</option>

<option value="8">8</option>

<option value="9">9</option>

<option value="10">10</option>

<option value="11">11</option>

<option value="12">12</option>

<option value="13">13</option>

<option value="14">14</option>

<option value="15">15</option>

<option value="16">16</option>

<option value="17">17</option>

<option value="18">18</option>

<option value="19">19</option>

<option value="20">20</option>

<option value="21">21</option>

<option value="22">22</option>

<option value="23">23</option>

<option value="24">24</option>

<option value="25">25</option>

<option value="26">26</option>

<option value="27">27</option>

<option value="28">28</option>

<option value="29">29</option>

<option value="30">30</option>

<option value="31">31</option>

</select>

<select id="Birthday\_Month" name="Birthday\_Month">

<option value="-1">Month:</option>

<option value="January">Jan</option>

<option value="February">Feb</option>

<option value="March">Mar</option>

<option value="April">Apr</option>

<option value="May">May</option>

<option value="June">Jun</option>

<option value="July">Jul</option>

<option value="August">Aug</option>

<option value="September">Sep</option>

<option value="October">Oct</option>

<option value="November">Nov</option>

<option value="December">Dec</option>

</select>

<select name="Birthday\_Year" id="Birthday\_Year">

<option value="-1">Year:</option>

<option value="2012">2012</option>

<option value="2011">2011</option>

<option value="2010">2010</option>

<option value="2009">2009</option>

<option value="2008">2008</option>

<option value="2007">2007</option>

<option value="2006">2006</option>

<option value="2005">2005</option>

<option value="2004">2004</option>

<option value="2003">2003</option>

<option value="2002">2002</option>

<option value="2001">2001</option>

<option value="2000">2000</option>

<option value="1999">1999</option>

<option value="1998">1998</option>

<option value="1997">1997</option>

<option value="1996">1996</option>

<option value="1995">1995</option>

<option value="1994">1994</option>

<option value="1993">1993</option>

<option value="1992">1992</option>

<option value="1991">1991</option>

<option value="1990">1990</option>

<option value="1989">1989</option>

<option value="1988">1988</option>

<option value="1987">1987</option>

<option value="1986">1986</option>

<option value="1985">1985</option>

<option value="1984">1984</option>

<option value="1983">1983</option>

<option value="1982">1982</option>

<option value="1981">1981</option>

<option value="1980">1980</option>

</select>

</td>

</tr>

<!----- Email Id ---------------------------------------------------------->

<tr>

<td>EMAIL ID</td>

<td><input type="text" name="Email\_Id" maxlength="100" /></td>

</tr>

<!----- Mobile Number ---------------------------------------------------------->

<tr>

<td>MOBILE NUMBER</td>

<td>

<input type="text" name="Mobile\_Number" maxlength="10" />

(10 digit number)

</td>

</tr>

<!----- Gender ----------------------------------------------------------->

<tr>

<td>GENDER</td>

<td>

Male <input type="radio" name="Gender" value="Male" />

Female <input type="radio" name="Gender" value="Female" />

</td>

</tr>

<!----- Address ---------------------------------------------------------->

<tr>

<td>ADDRESS <br /><br /><br /></td>

<td><textarea name="Address" rows="4" cols="30"></textarea></td>

</tr>

<!----- City ---------------------------------------------------------->

<tr>

<td>CITY</td>

<td><input type="text" name="City" maxlength="30" />

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Pin Code ---------------------------------------------------------->

<tr>

<td>PIN CODE</td>

<td><input type="text" name="Pin\_Code" maxlength="6" />

(6 digit number)

</td>

</tr>

<!----- State ---------------------------------------------------------->

<tr>

<td>STATE</td>

<td><input type="text" name="State" maxlength="30" />

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Country ---------------------------------------------------------->

<tr>

<td>COUNTRY</td>

<td><input type="text" name="Country" value="India" readonly="readonly" /></td>

</tr>

<!----- Hobbies ---------------------------------------------------------->

<tr>

<td>HOBBIES <br /><br /><br /></td>

<td>

Drawing

<input type="checkbox" name="Hobby\_Drawing" value="Drawing" />

Singing

<input type="checkbox" name="Hobby\_Singing" value="Singing" />

Dancing

<input type="checkbox" name="Hobby\_Dancing" value="Dancing" />

Sketching

<input type="checkbox" name="Hobby\_Cooking" value="Cooking" />

<br />

Others

<input type="checkbox" name="Hobby\_Other" value="Other">

<input type="text" name="Other\_Hobby" maxlength="30" />

</td>

</tr>

<!----- Qualification---------------------------------------------------------->

<tr>

<td>QUALIFICATION <br /><br /><br /><br /><br /><br /><br /></td>

<td>

<table>

<tr>

<td align="center"><b>Sl.No.</b></td>

<td align="center"><b>Examination</b></td>

<td align="center"><b>Board</b></td>

<td align="center"><b>Percentage</b></td>

<td align="center"><b>Year of Passing</b></td>

</tr>

<tr>

<td>1</td>

<td>Class X</td>

<td><input type="text" name="ClassX\_Board" maxlength="30" /></td>

<td><input type="text" name="ClassX\_Percentage" maxlength="30" /></td>

<td><input type="text" name="ClassX\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td>2</td>

<td>Class XII</td>

<td><input type="text" name="ClassXII\_Board" maxlength="30" /></td>

<td><input type="text" name="ClassXII\_Percentage" maxlength="30" /></td>

<td><input type="text" name="ClassXII\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td>3</td>

<td>Graduation</td>

<td><input type="text" name="Graduation\_Board" maxlength="30" /></td>

<td><input type="text" name="Graduation\_Percentage" maxlength="30" /></td>

<td><input type="text" name="Graduation\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td>4</td>

<td>Masters</td>

<td><input type="text" name="Masters\_Board" maxlength="30" /></td>

<td><input type="text" name="Masters\_Percentage" maxlength="30" /></td>

<td><input type="text" name="Masters\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td></td>

<td></td>

<td align="center">(10 char max)</td>

<td align="center">(upto 2 decimal)</td>

</tr>

</table>

</td>

</tr>

<!----- Course ---------------------------------------------------------->

<tr>

<td>COURSES<br />APPLIED FOR</td>

<td>

BCA

<input type="radio" name="Course\_BCA" value="BCA">

B.Com

<input type="radio" name="Course\_BCom" value="B.Com">

B.Sc

<input type="radio" name="Course\_BSc" value="B.Sc">

B.A

<input type="radio" name="Course\_BA" value="B.A">

</td>

</tr>

<!----- Submit and Reset ------------------------------------------------->

<tr>

<td colspan="2" align="center">

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

<input type="reset" value="Reset">

</td>

</tr>

</table>

</form>

</body>

</html>