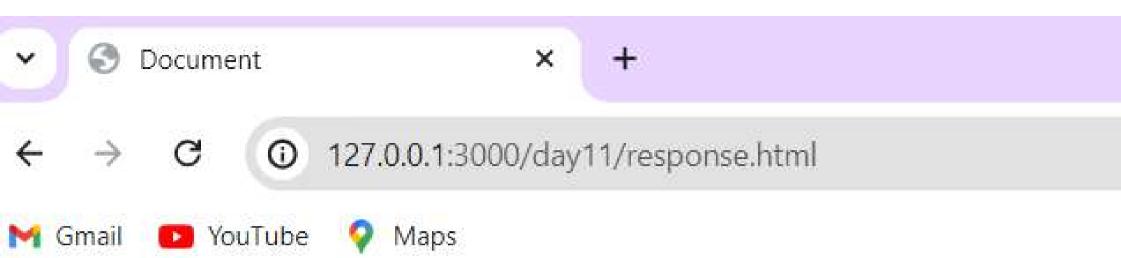


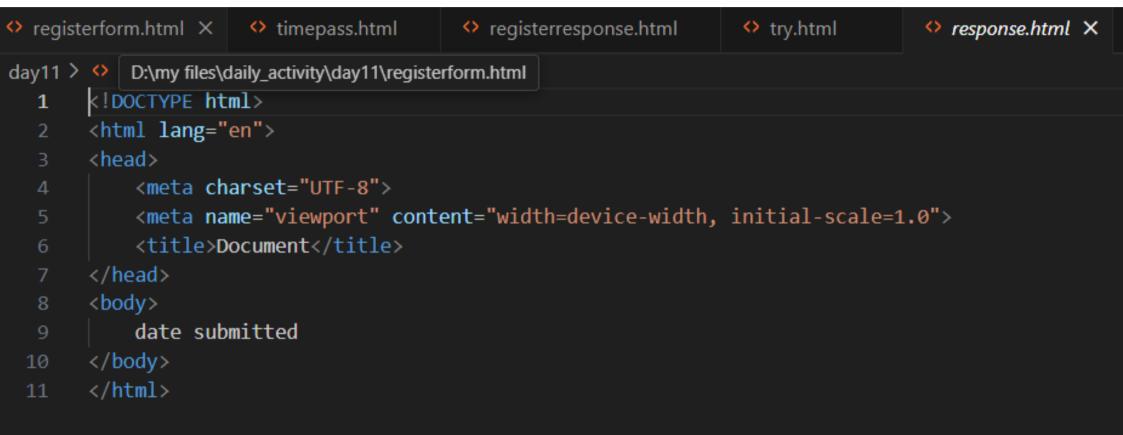
Date 11-07-2024

Submit



date submitted

```
registerform.html
                                                                                              timepass.html
                                                                                                                                                                                  registerresponse.html
                                                                                                                                                                                                                                                                                                  day11 > ♦ try.html > ♦ html
                             <!DOCTYPE html>
                             <html lang="en">
                                                <meta charset="UTF-8">
                                                <meta name="viewport" content="width=device-width, initial-scale=1.0">
                                                <title>Document</title>
                              </head>
                                                 <form action="./response.html" method="post">
                                                                    <label for="date"><b>Date</b></label>
                                                                   \forall v = \text{``toput type="text'' id="date'' name="date'' required pattern="(0[1-9]|[12]\d|3[01])-(0[1-9]|1[0-2])-(19|20)\d{2}" title="date format should be left type="text" id="date" name="date" required pattern="(0[1-9]|[12]\d|3[01])-(0[1-9]|1[0-2])-(19|20)\d{2}" title="date format should be left type="text" id="date" name="date" required pattern="(0[1-9]|[12]\d|3[01])-(0[1-9]|1[0-2])-(19|20)\d{2}" title="date format should be left type="text" id="date" name="date" required pattern="(0[1-9]|[12]\d|3[01])-(0[1-9]|1[0-2])-(19|20)\d{2}" title="date format should be left type="text" id="date" name="date" required pattern="(0[1-9]|[12]\d|3[01])-(0[1-9]|1[0-2])-(19|20)\d{2}" title="date format should be left type="text" id="date" name="date" name=
                                                                   <input type="submit">
                                                </form>
     15
```









successfully registered

```
registerresponse.html
                                                                              response.html
day11 > ♦ registerform.html > ♦ html > ♦ head
      <!DOCTYPE html>
      <html lang="en">
          <meta charset="UTF-8">
          <meta name="viewport" content="width=device-width, initial-scale=1.0">
          <title>Document</title>
      </head>
      <body>
          <form action="./registerresponse.html" method="post">
               <fieldset>
               <legend>register form</legend>
                   <label for="username"><b>username :</b></label><br>
                  <input type="text" name="username" id="username" required pattern="[a-zA-Z ]{5,20}" title="only small letters and capita letters are all</pre>
               </div>
                  <label for="password"><b>password:</b></label><br>
                  input type="text" id="password" name="pass" required pattern="(?=.*[a-z])(?=.*[A-Z])(?=.*[!@#$%^&])[a-zA-Z\d!@#$%^&*]{8,16}" ti
               </div>
                   <label for="email"><b>email:</b></label><br>
                  <input type="text" id="email" name="email" required pattern="[a-z\d.]+@[a-z]+\.[a-z]{2,}" title="email should have one @ , only small l</pre>
               </div>
                  <label for="phone"><b>phone number :</b></label><br>
                  <input type="text" id="phone" name="phonemnumber" required pattern="\+91[6-9]\d{9}" title="phone should start with +91 and starting numb</pre>
               </div>
                   <label for="date"><b>Date of birth</b></label><br>
                  <input type="text" id="date" name="date of birth" required pattern="(0[1-9]|[12]\d|3[01])-(0[1-9]|1[0-2])-(19|20)\d{2}" title="date form</pre>
                   <label for="state"><b> choose state: </b></label><br>
                   <select name="state" id="state">
                       <option value="telangana">telangana</option>
```

```
registerresponse.html
                                                             try.html
                                                                             response.html
day11 > ♦ registerform.html > ♦ html > ♦ head
      <html lang="en">
      <body>
          <form action="./registerresponse.html" method="post">
              <fieldset>
              <d1v>
              </div>
 32
              <div>
                  <label for="state"><b> choose state: </b></label><br>>
                  <select name="state" id="state">
                      <option value="telangana">telangana
                      <option value="tamil nadu">tamil nadu
 37
                      <option value="karnataka">karnataka</option>
                      <option value="kerala">kerala</option>
                  </select><br>
 41
              </div>
                      <label for="city"><b>Choose your city from the list:</b></label><br>
 42
                      <input type="text" list="cities" name="city" id="city">
 43
                      <datalist id="cities">
 44
                        <option value="hyderbad">
 45
                        <option value="secunderabad">
                        <option value="banglore">
 47
                        <option value="chennai">
                        <option value="medchal">
                      </datalist><br>
 52
              <input type="submit" value=" click to register ">
          </form>
      </body>
      </html>
 55
```