Ca2.html file code:

```html
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Verify Form Validation</title>
    <style>
        * {
            margin: 0;
            padding: 0;
            box-sizing: border-box;
        }
        body {
            height: 100vh;
            display: flex;
            justify-content: center;
            align-items: center;
            font-family: Arial, sans-serif;
            background-color: #f4f4f4;
        }
        form {
            background-color: white;
            padding: 20px;
            border-radius: 8px;
            box-shadow: 0 4px 8px rgba(0, 0, 0, 0.1);
            width: 300px;
        }
        label {
            font-weight: bold;
            margin-bottom: 5px;
```

```css
      display: block;
    }

    input[type="text"],
    input[type="email"],
    input[type="number"] {
      width: 100%;
      padding: 8px;
      margin: 10px 0;
      border: 1px solid #ccc;
      border-radius: 4px;
    }

    input[type="submit"] {
      width: 100%;
      padding: 10px;
      background-color: #28a745;
      color: white;
      border: none;
      border-radius: 4px;
      cursor: pointer;
    }

    input[type="submit"]:hover {
      background-color: #218838;
    }
  </style>
</head>
<body>
  <form action="ca2.php" method="POST">
    <div>
      <label for="fname">First Name</label>
      <input type="text" name="fname" id="fname" required>
    </div>
```

```html
      <div>

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

        <input type="text" name="lname" id="lname" required>

      </div>

      <div>

        <label for="email">Email</label>

        <input type="email" name="email" id="email" required>

      </div>

      <div>

        <label for="number">Number</label>

        <input type="number" name="number" id="number">

      </div>

      <div>

        <label for="address">Address</label>

        <input type="text" name="address" id="address">

      </div>

      <div>

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

      </div>

    </form>

</body>

</html>
```

ca2.php file code:

```php
<?php

$fname = '';

$lname = '';

$email = '';

$number = '';

$address = '';
```

```php
if ($_SERVER["REQUEST_METHOD"] == "POST") {

    if (strlen(trim($_POST['fname'])) >= 4) {
        $fname = $_POST['fname'];
    } else {
        echo "fname is not valid<br>";
    }


    if (strlen(trim($_POST['lname'])) >= 4) {
        $lname = $_POST['lname'];
    } else {
        echo "lname is not valid<br>";
    }


    $email_pattern = "/^\S+@\S+\.\S+$/";
    if (preg_match($email_pattern, $_POST['email'])) {
        $email = $_POST['email'];
    }


    $number = $_POST['number'];
    $address = $_POST['address'];

    echo "fname is $fname<br>";
    echo "lname is $lname<br>";
    echo "email is $email<br>";
    echo "number is $number<br>";
    echo "address is $address<br>";
}
?>
```

fname is bardaval
lname is Govind
email is bardavalgovind2005@gmail.com
number is 9182274217
address is 3-58 Rajaram thanda, Mandal Kangti,

First Name

bardaval

Last Name

Govind

Email

bardavalgovind2005@gmail.com

Number

9182274217

Address

3-58 Rajaram thanda, Mandal Kangti,

Submit