	PUNE INSTITUTE OF COMPUTER TECHNOLOGY, PUNE - 411043
	DEPARTMENT OF ELECTRONICS AND TELECOMMUNICATION ENGG.
	ACADEMIC YEAR : 2022-23 SEM: 1

CLASS : BE VIII [P8]	SUBJECT : JavaScript
EXPT. NO. : 9	Roll No.: 42410	DATE :

CODE :

```
<!DOCTYPE html>
<html>
<head>
 <title>Reg Form</title>
 <style type="text/css">
 body {
    font-family: Calibri;
    background-color: lightblue; /* Set the background color to light blue */
    text-align: center; /* Align text in the center */
 }

 input[type="text"] {
    width: 250px;
 }

 input[type="submit"],
 input[type="reset"] {
    width: 77px;
    height: 27px;
 }

 td {
    padding: 10px;
 }

 td:first-child {
    text-align: right;
    font-weight: bold;
 }

 td:last-child {
    text-align: left;
 }
 </style>
 <script>
 function validate() {
 var fname = document.reg_form.fname;
 var lname = document.reg_form.lname;
 var address = document.reg_form.address;
 var gender = document.reg_form.gender;
 var email = document.reg_form.email;
 var rollno = document.reg_form.rollno;
```

```
var mobile = document.reg_form.mobile;
var course = document.reg_form.course;
if (fname.value.length <= 0) {
alert("Name is required");
fname.focus();
return false;
}
if (lname.value.length <= 0) {
alert("Last Name is required");
lname.focus();
return false;
}
if (address.value.length <= 0) {
alert("Address is required");
address.focus();
return false;
}
if (gender.value.length <= 0) {
alert("Gender is required");
gender.focus();
return false;
}
if (email.value.length <= 0) {
alert("Email Id is required");
email.focus();
return false;
}
if (rollno.value.length <= 0) {
alert("ROLL no is required");
rollno.focus();
return false;
}
if (mobile.value.length <= 0) {
alert("Mobile number is required");
mobile.focus();
return false;
}
if (course.value == "select course") {
alert("Course is required");
course.focus();
return false;
}
// Show a confirmation message after successful submission
alert("Your response is submitted!");
return true;
}
</script>
</head>
```

```html
<body>
  <center>
    <h1>Exp-9 Form Validation</h1>
    <h3>Disha Chinchole</h3>
    <h3>Roll No: 42410</h3>
    <hr>
  </center>
  <form method="" action="" name="reg_form" onsubmit="return validate()">
    <center>
      <h2>Registration Form</h2>
    </center>
    <table align="center">
<tr>
 <td><label>First Name: </label></td>
 <td>

<input type="text" name="fname" placeholder="First Name">
</td>
</tr>
<tr>
<td><label>Last Name: </label></td>
<td>
<input type="text" name="lname" placeholder="Last Name">
</td>
</tr>
<tr>
<td><label>Address: </label></td>
<td>
<input type="textarea" size="50" name="address" placeholder="Address">
</td>
</tr>
<tr>
<td><label>Gender: </label></td>
<td>
<input type="radio" name="gender" value="male">Male
<input type="radio" name="gender" value="femele">Female
</td>
</tr>
<tr>
<td><label>Roll no: </label></td>
<td>
<input type="number" name="ROLL NO">
</td>
</tr>
<tr>
<td><label>Email Id: </label></td>
<td>
        <input type="text" name="email" placeholder="example@gmail.com">
```

```
</td>
</tr>
<tr>
<td><label>Mobile: </label></td>
<td>
<input type="number" name="mobile">
</td>
</tr>
<tr>
<td><label>Course: </label></td>
<td>
<select name="course">
<option value="select course">Select Courses </option>
<option value="COMPUTER SCIENCE">Computer Science</option>
<option value="IT">IT</option>
<option value="ELECTRONICS">ELECTRONICS</option>

</select>
</td>
</tr>

<tr>
<td>
<input type="submit" name="submit" value="Submit">
<input type="reset" name="reset" value="Reset">
</td>
</tr>

    </table>
   </form>
</body>
</html>
```