

```
<!DOCTYPEhtml>
```

```
<html>
```

```
<head>
```

```
  <title></title>
```

```
  <metaname="viewport"content="width=device-width,initial-scale=1.0">
```

```
  <linkrel="stylesheet"type="text/css"href="{{url_for('static',filename='style.css')}}">
```

```
  <linkrel="stylesheet"
href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/4.7.0/css/font-awesome.min.css"
>
```

```
  <!--jQuerylibrary-->
```

```
  <scriptsrc="https://ajax.googleapis.com/ajax/libs/jquery/3.2.1/jquery.min.js"></script>
```

```
  <!--LatestcompiledJavaScript-->
```

```
  <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.7/js/bootstrap.min.js"></script>
```

```
  <scriptsrc="https://www.google.com/recaptcha/api.js"asyncdefer></script>
```

```
  <styletype="text/css">
```

```
    body{
      margin: 10px 10px 10px 100px;
      background-color: aliceblue;

    }
```

```
    .error{
      color: red;
    }
```

```
    .fm1 {
      text-align: center;
```

```
}
```

```
.lb1 {  
    text-align: center;  
    padding: 25px;  
}
```

```
.lb2 {  
    margin-left: 20px;  
}
```

```
.lb3 {  
    margin-right: 35px;  
}
```

```
.container {  
    display: block;  
}
```

```
.k {  
    border-radius: 15px;  
}
```

```
</style>
```

```
</head>
```

```
<body>
```

```
<?php
```

```
include 'header.php';
```

```
?>
```

<div class="heading fix">

 <label class="lb1 ">REGISTRATION</label>

</div>

<div class="outerbox">

 <div class="fixedbox">

 <h4>Hello, Friend!</h4>

 <p>Enter your personal details and start journey with us</p>

 </div>

<div class="scrollbox">

 <div class="registerdonor">

 <form action="process.php" method="POST" id="myform">

 <div class="login">

 <h3>Login Details</h3>

 <table class="fm1 ">

 <tr>

 <td colspan="2">

 <label class="lb1" class="username">User Name:</label>

 <input type="text" name="user_name" required
pattern="^[A-Za-z0-9._%+-@]{5,10}\$"

 title="Enter a username between 5 to 10 letter" autocomplete="off">

 </td>

 </tr>

 <tr>

 <td>

 <label class="lb1">Full Name:</label>

 <input type="text" name="user_full_name" required pattern="[A-z]+\$"

```
        title="Use only character & whitespace" autocomplete="off">
    </td>
</tr>
<tr>
    <td>
        <label class="lb1">Email Id:</label>
        <input type="email" name="user_email" required
            pattern="[A-Za-z0-9._%+-]+@[A-z0-9.-]+\.[a-z]{2,}$"
            title="Email id is not Valid" autocomplete="off">
    </td>
</tr>
<tr>
    <td>
        <label class="lb1">Password:</label>
        <input type="password" name="password" required
            pattern="(?=\d)(?=[a-z])(?=.*[A-Z]).{6,}"
            title="Must contain at least one number and one uppercase and lowercase
letter, and at least 6 or more characters"
            id="password" autocomplete="off">
    </td>
</tr>
<tr>
    <td>
        <label>Confirm Password:</label>
        <input type="text" name="confirm_password" required
            pattern="(?=\d)(?=[a-z])(?=.*[A-Z]).{6,}"
            title="Must contain at least one number and one uppercase and lowercase
letter, and at least 6 or more characters"
            id="confirm_password" autocomplete="off">
```

```

        </td>
    </tr>
</table>
</div>
<div class="container">
    <h3>Contact Details</h3>
    <table class="fm1">
        <tr>
            <td>
                <label>Mobile Number:-</label>
                <input type="text" name="user_number" required pattern="[1-9]{1}[0-9]{9}$"
                    title="Number is not valid" autocomplete="off">
            </td>
        </tr>
        <tr>
            <td>
                <label class="lb1">Pincode</label>
                <input type="text" name="pincode" required pattern="[0-9]{6}$"
                    title="Pincode is not valid" autocomplete="off">
            </td>
        </tr>
        <tr>
            <td rowspan="1">
                <label class="lb1">Address:-</label>
                <textarea name="Address" placeholder="follow with pincode"
required></textarea>
            </td>
        </tr>
    </table>

```

```
<!--<tr>

    <td>

        <label class="lb1">City:</label>

        <input type="text" name="city">

    </td>

</tr>-->

<tr>

    <td>

        <label class="lb1">State:</label>

        <input type="text" name="state">

    </td>

</tr>

</table>

</div>

<div class="personal">

    <h3>Personal Details</h3>

    <table class="fm1">

        <tr>

            <td>

                <label>Date Of Birth:</label>

                <input type="date" name="date_of_birth" required autocomplete="off">

            </td>

        </tr>

        <tr>

            <td>

                <div class="radio">

                    <label class="lb3">Gender:</label>

                    <input type="radio" name="gender" class="radio1" value="Male"><span

                        class="radioname" required autocomplete="off">Male</span>
```

```

        <input type="radio" class="radio2" name="gender" value="Female"><span
            class="radioname" required autocomplete="off">Female</span>
    </div>
</td>
</tr>
<tr>
    <td>
        <label class="lb1">Blood Group</label>
        <input type="text" list="bloodgroup" name="blood_group"
placeholder="—Select—"
            required autocomplete="off">
        <datalist id="bloodgroup">
            <option value="A+"></option>
            <option value="A-"></option>
            <option value="AB+"></option>
            <option value="B+"></option>
            <option value="B-"></option>
            <option value="O+"></option>
            <option value="O-"></option>
        </datalist>
    </td>
    <!--<tr>
    <td>
        <label class="lb1">Plasma Type</label>
        <input type="text" list="plasmatype" name="plasma_type"
placeholder="—Select—"
            required autocomplete="off">
        <datalist id="plasmatype">
            <option value="Hot"></option>

```

```
        <option value="Warm"></option>

        <option value="Cold"></option>

        <option value="Ultra Cold"></option>

    </datalist>

</td>

</tr>-->

<tr>

    <td>

        <label class="lb1">Weight In Kg:-</label>

        <input type="number" name="weight" required autocomplete="off">

    </td>

</tr>

</table>

</div>
```

```
    <p class="lb2"><input type="checkbox" name="terms" id="checkbox" required
autocomplete="off">
```

```
    <!-- I agree to have my contact details broadcasted to the registered donors of
PGHS.net-->
```

```
    I agree that the above details are true </p>
```

```
    <input type="reset" class="lb2 k" name="submit" value="Reset">
```

```
    <a href="login.html">
```

```
        <input type="button" class="lb2 k" onclick="href='login.html';" value="Submit"></a>
```

```
</div>
```

```
</form>
```

```
</div>
```


</div>

</div>

<!-- Responsive table -->

<div class="rregisterdonor">

<form action="process.php" method="POST" id="myform">

</html>