

TEAM ID:PNT2022TMID22559

```
<!DOCTYPE html>
```

```
<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>
```

```
  <!--Latest compiled JavaScript-->
```

```
  <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: 10px10px10px100px;
```

```
      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';  
?>
```

```
<divclass="heading fix">

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

</div>

<divclass="outerbox">

    <divclass="fixedbox">

        <spanclass="content">

            <h4>Hello,Friend!</h4>

            <p>Enter your personal detailsandstart journey with us</p>

        </span>

    </div>

    <divclass="scrollbox">

        <divclass="registerdonor">

            <formaction="process.php" method="POST" id="myform">

                <divclass="login">

                    <h3>LoginDetails</h3>

                    <tableclass="fm1">

                        <tr>

                            <tdcolspan="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 ausernamebetween 5to10 letter" autocomplete="off">

                            </td>

                        </tr>

                        <tr>

                            <td>

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

                                <input type="text" name="user_full_name"requiredpattern="[A-z]+$"
```

```

        title="Useonly 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>

<divclass="container">

    <h3>Contact Details</h3>

    <tableclass="fm1">

        <tr>

            <td>

                <label>MobileNumber:-</label>

                <input type="text" name="user_number" requiredpattern="^[1-9]{1}[0-9]{9}$"

                    title="Numberisnot valid" autocomplete="off">

            </td>

        </tr>

        <tr>

            <td>

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

                <input type="text" name="pincode"requiredpattern="^[0-9]{6}$"

                    title="Pincodeis not valid" autocomplete="off">

            </td>

        </tr>

        <tr>

            <tdrowspan="1">

                <label class="lb1">Address:-</label>

                <textareaname="Address" placeholder="followwithpincode"

required></textarea>

            </td>

        </tr>

    </table>

</div>

```

```
<!--<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>PersonalDetails</h3>

    <table class="fm1">

        <tr>

            <td>

                <label>DateOf 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="radio name" 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 InKg:-</label>

        <input type="number" name="weight" requiredautocomplete="off">

    </td>

</tr>

</table>

</div>
```

```

    <pclass="lb2"><inputtype="checkbox" name="terms" id="checkbox" required
autocomplete="off">

    <!--Iagree tohavemycontact detailsbroadcastedtotheregistereddonors of
PGHS.net-->

    Iagreethattheabovedetailsaretrue</p>

    <inputtype="reset" class="lb2k" name="submit" value="Reset">

    <a href="login.html">

        <inputtype="button" class="lb2k" onclick="href='login.html';" value="Submit"></a>

</div>

</form>

</div>
```


</div>

</div>

<!--Responsive table -->

<divclass="rregisterdonor">

<formaction="process.php" method="POST" id="myform">

</html>