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<!DOCTYPE
E html>

<html>

<head>
    <title></title>
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <link rel="stylesheet" type="text/css"
href="{{url_for('static',filename='style.css')}}">
    <link rel="stylesheet"
href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/4.7.0/css/font-
awesome.min.css">
    <!-- jQuery library -->
    <script
src="https://ajax.googleapis.com/ajax/libs/jquery/3.2.1/jquery.min.js"></scr
ipt>

    <!-- Latest compiled JavaScript -->
    <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.7/js/bootstrap.min.js"></
script>
    <script src="https://www.google.com/recaptcha/api.js" async
defer></script>
    <style type="text/css">
        body{
            margin: 10px 10px 10px 100px;
            background-color: aliceyellow;

        }

        .error {
            color: red;
        }

        .fm1 {
            text-align: center;
        }

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

        .lb2 {
            margin-left: 20px;
        }
    </style>
</head>

<body>
    <div class="container">
        <div class="row">
            <div class="col-md-12">
                <div class="text-align: center">
                    <h1>Hello World!</h1>
                </div>
            </div>
        </div>
    </div>
</body>
</html>
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        .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">
            <span class="content">
                <h4>Hello, There!</h4>
                <p>Enter your personal details and start journey with us</p>
            </span>
        </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>

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<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>

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        </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>
        <!-- <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>

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<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----"

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                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>

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        <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>

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</div>
</div>

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<!-- Responsive table -->
<div class="rregisterdonor">
    <form action="process.php" method="POST" id="myform">

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</html>

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