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<!DOCTYPE>
< 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"></scrip
t>
    <!-- Latest compiled JavaScript -->
    <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.7/js/bootstrap.min.js"></sc
ript>
    <script src="https://www.google.com/recaptcha/api.js" async
defer></script>
    <style type="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{

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        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, Friend!</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}$"
                                    title="Enter a username between 5 to
10 letter" autocomplete="off">
                                </td>
                            </tr>
                            <tr>
                                <td>
                                    <label class="lb1">Full Name: -</label>
                                    <input type="text" name="user_full_name"
required pattern="[A-z ]+$"
                                    title="Use only character &
whitespace" autocomplete="off">
                                </td>
                            </tr>
                            <tr>

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<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"

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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>
<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>
    </table>

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        <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>

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                                <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>

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