<!DOCTYPE html>

<html>

<head>

<title></title>

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<link rel="stylesheet" type="text/css" href="CSS\styleregisterdonor.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"></script>

<!-- 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">

.error

{

color: red;

}

</style>

</head>

<body>

<?php

include 'header.php';

?>

<div class="heading fix">

<label>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>

<tr>

<td colspan="2">

<label 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>Full Name:-</label>

<input type="text" name="user\_full\_name" required pattern="[A-z ]+$" title="Use only character & whitespace" autocomplete="off">

</td>

<td>

<label>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>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>

<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="contact">

<h3>Contact Details</h3>

<table>

<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>

<td rowspan="2">

<label>Address:-</label>

<textarea name="Address" placeholder="---Type---" required></textarea>

</td>

</tr>

<tr>

<td>

<label>Pincode</label>

<input type="text" name="pincode" required pattern="^[0-9]{6}$" title="Pincode is not valid" autocomplete="off">

</td>

</tr>

<tr>

<td>

<label>City:-</label>

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

</td>

<td>

<label>State:-</label>

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

</td>

</tr>

</table>

</div>

<div class="personal">

<h3>Personal Details</h3>

<table>

<tr>

<td>

<label>Date Of Birth:-</label>

<input type="date" name="date\_of\_birth" required autocomplete="off">

</td>

<td>

<label>Gender:-</label>

<div class="radio">

<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>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>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>Weight In Kg [Approx]:-</label>

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

</td>

</tr>

</table>

</div>

<span>

<input type="checkbox" name="terms" id="checkbox" required autocomplete="off">

</span><p>I agree to have my contact details broadcasted to the registered donors of PGHS.net</p>

<div class="btn">

<input type="submit" name="submit" value="Submit">

<input type="reset" name="submit" value="Reset">

</div>

</form>

</div>

</div>

</div>

<!-- Responsive Table -->

<div class="rregisterdonor">

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

</html>