

```
<!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"></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">
```

```
    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">
```

```
        <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>

<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>
```

```
        <!-- <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>

```

Select----

```

<tr>
  <td>
    <label class="lb1">Blood Group</label>
    <input type="text" list="bloodgroup" name="blood_group" placeholder="----
      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>
```