Date	05 October 2022
Team ID	PNT2022TMID15298
Project Name	Plasma Donor Applications
Maximum Marks	4 Marks Diagram

CODE :

```php
<?php

        error_reporting(1);

        include('connection.php');


        if(isset($_POST['submit']))

        {


                        $patient_name = $_POST['patient_name'];

                        $hospital_name = $_POST['hospital_name'];

                        $hospital_address = $_POST['hospital_address'];

                        $doctor_name = $_POST['doctor_name'];

                        $blood_group = $_POST['blood_group'];

                        $city = $_POST['city'];

                        $contact_name = $_POST['contact_name'];

                        $contact_number = $_POST['contact_number'];

                        $contact_mail_id = $_POST['contact_mail_id'];

                        $other_message = $_POST['other_message'];

                        $required_date = $_POST['required_date'];

                        $status=0;

                        $query = "INSERT INTO request blood
(`patient_name`,`hospital_name`,`hospital_address`,`doctor_name`,`blood_group`,`city`,`contact_na
me`,`contact_number`,`contact_mail_id`,`other_message`,`required_date`,`status`)
VALUES('".$patient_name."','".$hospital_name."','".$hospital_address."','".$doctor_name."','".$bloo
d_group."','".$city."','".$contact_name."','".$contact_number."','".$contact_mail_id."','".$other_mes
sage."','".$required_date."','".$status."')";

                        $result = mysqli_query($conn, $query);

                if($result)
```

```php
                {


                }
                else
                {
                }
        }
?>
```
```html
<!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\stylerequestblood.css">
        <link rel="stylesheet" href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/4.7.0/css/font-awesome.min.css">
        <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.2.1/jquery.min.js"></script>
        <script src="https://www.google.com/recaptcha/api.js" async defer></script>
        <style type="text/css">
                .nav > ul > li:nth-child(4)
                {
                        color: white;
                        background-color: black;
                }
        </style>
</head>
<body>
                <?php
                        include 'header.php';
                ?>
                        <div class="heading fix">
```

```html
                                        <label></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="requestblood">
                                    <form id="myform" action="request_blood.php"
method="post">
                                            <div class="patient">
                                                    <h3>Patient Details</h3>
                                                    <table>
                                                            <tr>
                                                                    <td>
                                                                            <label>Patient
Name:-</label>
                                                                            <input type="text"
name="patient_name" pattern="[A-z ]+$" title="Use only character & white space" required>
                                                                    </td>
                                                                    <td>
                                                                            <label>Hospiatal
Name:-</label>
                                                                            <input type="text"
name="hospital_name" pattern="[A-z ]+$" title="Use only character" required>
                                                                    </td>
                                                            </tr>
                                                            <tr>
```

```html
<td rowspan="3">
    <label>Hospital Adddress:-</label>
    <textarea name="hospital_address" placeholder="---Type---" required class="hospital"></textarea>
</td>
<td>
    <label>Doctor Name:-</label>
    <input type="text" name="doctor_name" pattern="[A-z ]+$" title="Use only character" required>
</td>
</tr>
<tr>
<td>
    <label>Blood Group:-</label>
    <input type="text" list="bloodgroup" name="blood_group" placeholder="----Select----" required>
    <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>
                                                <tr>
                                                        <td>
                                                                <label>City:-
</label>
                                                                <input type="text"
name="city" value="Vijayawada" readonly>
                                                        </td>
                                                </tr>
                                        </table>
                                </div>
                                <div class="contact">
                                        <h3>Contact Details</h3>
                                        <table>
                                                <tr>
                                                        <td>
                                                                <label>Contact
Name:-</label>
                                                                <input type="text"
name="contact_name" pattern="[A-z ]+$" title="Use only character" required>
                                                        </td>
                                                        <td>
                                                                <label>Contact
Number:-</label>
                                                                <input type="text"
name="contact_number" required pattern="^[1-9]{1}[0-9]{9}$" title="Number is not valid">
                                                        </td>
                                                </tr>
                                                <tr>
                                                        <td>
                                                                <label>Contact
Mail-Id:-</label>
```

```html
                                                                <input type="email"
name="contact_mail_id" required pattern="[A-Za-z0-9._%+-]+@[A-z0-9.-]+\.[a-z]{2,}$" title="Email
id is not Valid">

                                                        </td>

                                                        <td rowspan="2">

                                                                <label>Other
Message:-</label>

                                                                <textarea
name="other_message" placeholder="---Type---"></textarea>

                                                        </td>

                                                </tr>

                                                <tr>

                                                        <td>

                                                                <label>Whem
Required ?</label>

                                                                <input type="date"
name="required_date" required>

                                                        </td>

                                                </tr>

                                        </table>

                                </div>

                                <span>

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

                                </span><p>I agree to have my contact details
broadcasted to the KKR.hosp.com</p>


                                <div class="btn">

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

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

                                </div>

                                </form>
```

```html
                </div>
            </div>
        </div>


                <!--Responsive Table-->
                <div class="rrequestblood">
                <form id="myform" action="request_blood.php" method="post">
                <div class="rpatient">
                    <h3>Patient Details</h3>
                    <table>
                        <tr>
                            <td>
                                <label>Patient Name:-</label>
                                <input type="text"
name="patient_name" required pattern="[A-z ]+$" title="Use only character & whitespace">
                            </td>
                        </tr>
                        <tr>
                            <td>
                                <label>Hospiatal Name:-</label>
                                <input type="text"
name="hospital_name" required pattern="[A-z ]+$" title="Use only character & whitespace">
                            </td>
                        </tr>
                        <tr>
                            <td>
                                <label>Hospital Adddress:-</label>
                                <textarea name="hospital_address"
placeholder="---Type---" required></textarea>
                            </td>
                        </tr>
                        <tr>
```

```html
				<td>
					<label>Doctor Name:-</label>
					<input type="text" name="doctor_name" required pattern="[A-z ]+$" title="Use only character & whitespace">
				</td>
			</tr>
			<tr>
				<td>
					<label>Blood Group:-</label>
					<input type="text" list="bloodgroup" name="blood_group" placeholder="----Select----" required>
					<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>
			<tr>
				<td>
					<label>City:-</label>
					<input type="text" name="city" value="Vijayawada" readonly>
```

```html
                                                </td>
                                        </tr>
                                </table>
                        </div>
                        <div class="rcontact">
                                <h3>Contact Details</h3>
                                <table>
                                        <tr>
                                                <td>
                                                        <label>Contact Name:-</label>
                                                        <input type="text"
name="contact_name" required pattern="[A-z ]+$" title="Use only character & whitespace">
                                                </td>
                                        </tr>
                                        <tr>
                                                <td>
                                                        <label>Contact Number:-</label>
                                                        <input type="text"
name="contact_number" required pattern="^[1-9]{1}[0-9]{9}$" title="Number is not valid">
                                                </td>
                                        </tr>
                                        <tr>
                                                <td>
                                                        <label>Contact Mail-Id:-</label>
                                                        <input type="email"
name="contact_mail_id" required pattern="[A-Za-z0-9._%+-]+@[A-z0-9.-]+\.[a-z]{2,}$" title="Email
id is not Valid">
                                                </td>
                                        </tr>
                                        <tr>
                                                <td>
                                                        <label>Other Message:-</label>
```

```html
                                                    <textarea name="other_message" placeholder="---Type---"></textarea>
                                                </td>
                                            </tr>
                                            <tr>
                                                <td>
                                                    <label>Whem Required ?</label>
                                                    <input type="date" name="required_date" required>
                                                </td>
                                            </tr>
                                        </table>
                                    </div>


                                    <span>
                                        <input type="checkbox" name="terms" id="checkbox" required>
                                    </span><p>I agree to have my contact details broadcasted to the KKR.hosp.com</p>


                                    <div class="btn">
                                        <input type="submit" name="submit" value="Submit Request">

                                        <input type="reset" name="reset" value="Reset Request">
                                    </div>
                                </form>
                    </div>
                    <?php
                include 'footer.php';
            ?>
</body>
<script type="text/javascript">
        function share()
```

```
{
        var a =document.getElementById("f");

        var b=document.getElementById("g");

        var c=document.getElementById("i");

        var d=document.getElementById("y");

        if (a.style.display === "none")

        {
                a.style.display="block";

                b.style.display="block";

                c.style.display="block";

                d.style.display="block";
        }
        else
        {
                a.style.display="none";

                b.style.display="none";

                c.style.display="none";

                d.style.display="none";
        }
}
</script>
</html>
```

bank.html × +

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Hello, Friend!

Enter your personal details and start journey with us

Patient Details

Patient Name:- N.Yeshwanth   Hospiatal Name:- Nalam Hospiatal

                                    Doctor Name:- Dr. Chethan Kumar

Hospital Adddress:- Square mall , Vijayawada   Blood Group:- O+

                                    City:- Vijayawada

Contact Details

Contact Name:- N.Yeshwanth   Contact Number:- 9494814812

Contact Mail-Id:- nalamyeshwantha@gamil.c

Whem Required ? 06-09-2001   Other Message:- ---Type---

☑

I agree to have my contact details broadcasted to the KKR.hosp.com

Submit Request   Reset Request

---

bank.html × +

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Patient Details

Patient Name:-

Hospiatal Name:-

Hospital Adddress:- ---Type---

Doctor Name:-

Blood Group:- ----Select----

City:- Vijayawada

Contact Details

Contact Name:-

Contact Number:-

Contact Mail-Id:-

Other Message:- ---Type---

Whem Required ? dd-mm-yyyy

☐

I agree to have my contact details broadcasted to the KKR.hosp.com

Submit Request   Reset Request