Project Development Phase
Sprint-1

Date	30 October 2022
Team ID	PNT2022TMID49652
Project Name	Early Detection of Chronic Kidney Disease using Machine Learning
Maximum Marks	4 Marks

USN - 1 & USN – 2:

Registration & Verification

```html
<!DOCTYPE html>
<html lang="en" >
<head>
  <meta charset="UTF-8">
  <title>Student Registration Form Example</title>
  <link rel="stylesheet" href="./style.css">
</head>
<body>
<html>
<head>
<title>Student Registration Form</title>
</head>
<body>
    <h3>USER REGISTRATION FORM</h3>
<table align="center" cellpadding = "10">
 <tr>
<td>FIRST NAME</td>
<td><input type="text" name="First_Name" maxlength="30"/>
(max 30 characters a-z and A-Z)
</td>
</tr>
 <tr>
<td>LAST NAME</td>
<td><input type="text" name="Last_Name" maxlength="30"/>
```

(max 30 characters a-z and A-Z)

</td>

</tr>

 <tr>

<td>DATE OF BIRTH</td>

 <td>

<select name="Birthday_day" id="Birthday_Day">

<option value="-1">Day:</option>

<option value="1">1</option>

<option value="2">2</option>

<option value="3">3</option>

<option value="4">4</option>

<option value="5">5</option>

<option value="6">6</option>

<option value="7">7</option>

<option value="8">8</option>

<option value="9">9</option>

<option value="10">10</option>

<option value="11">11</option>

<option value="12">12</option>

<option value="13">13</option>

<option value="14">14</option>

<option value="15">15</option>

<option value="16">16</option>

<option value="17">17</option>

<option value="18">18</option>

<option value="19">19</option>

<option value="20">20</option>

<option value="21">21</option>

<option value="22">22</option>

<option value="23">23</option>

```html
<option value="24">24</option>
<option value="25">25</option>
<option value="26">26</option>
<option value="27">27</option>
<option value="28">28</option>
<option value="29">29</option>
<option value="30">30</option>

<option value="31">31</option>
</select>

<select id="Birthday_Month" name="Birthday_Month">
<option value="-1">Month:</option>
<option value="January">Jan</option>
<option value="February">Feb</option>
<option value="March">Mar</option>
<option value="April">Apr</option>
<option value="May">May</option>
<option value="June">Jun</option>
<option value="July">Jul</option>
<option value="August">Aug</option>
<option value="September">Sep</option>
<option value="October">Oct</option>
<option value="November">Nov</option>
<option value="December">Dec</option>
</select>

<select name="Birthday_Year" id="Birthday_Year">

<option value="-1">Year:</option>
<option value="2012">2012</option>
<option value="2011">2011</option>
<option value="2010">2010</option>
<option value="2009">2009</option>
```

```html
<option value="2008">2008</option>
<option value="2007">2007</option>
<option value="2006">2006</option>
<option value="2005">2005</option>
<option value="2004">2004</option>
<option value="2003">2003</option>
<option value="2002">2002</option>
<option value="2001">2001</option>
<option value="2000">2000</option>

<option value="1999">1999</option>
<option value="1998">1998</option>
<option value="1997">1997</option>
<option value="1996">1996</option>
<option value="1995">1995</option>
<option value="1994">1994</option>
<option value="1993">1993</option>
<option value="1992">1992</option>
<option value="1991">1991</option>
<option value="1990">1990</option>

<option value="1989">1989</option>
<option value="1988">1988</option>
<option value="1987">1987</option>
<option value="1986">1986</option>
<option value="1985">1985</option>
<option value="1984">1984</option>
<option value="1983">1983</option>
<option value="1982">1982</option>
<option value="1981">1981</option>
<option value="1980">1980</option>
</select>
</td>
</tr>
```

```html
<tr>
<td>EMAIL ID</td>
<td><input type="text" name="Email_Id" maxlength="100" /></td>
</tr>
<tr>
<td>PASSWORD</td>
<td><input type="text" name="PASSWORD" maxlength="100" /></td>
</tr>
<tr>
  <td>RE-TYPE PASSWORD</td>
  <td><input type="text" name="RE-TYPE PASSWORD" maxlength="100" /></td>
  </tr>
<tr>
<td>MOBILE NUMBER</td>
<td>
<input type="text" name="Mobile_Number" maxlength="10" />
(10 digit number)
</td>
</tr>
<tr>
<td>GENDER</td>
<td>
Male <input type="radio" name="Gender" value="Male" />
Female <input type="radio" name="Gender" value="Female" />
</td>
</tr>
 <tr>
<td>ADDRESS <br /><br /><br /></td>
<td><textarea name="Address" rows="4" cols="30"></textarea></td>
</tr>
 <tr>
<td>CITY</td>
<td><input type="text" name="City" maxlength="30" />
```

(max 30 characters a-z and A-Z)

</td>

</tr>

 <tr>

<td>PIN CODE</td>

<td><input type="text" name="Pin_Code" maxlength="6" />

(6 digit number)

</td>

</tr>

<tr>

<td>STATE</td>

<td><input type="text" name="State" maxlength="30" />

(max 30 characters a-z and A-Z)

</td>

</tr>

<tr>

<td>COUNTRY</td>

<td><input type="text" name="Country" value="India" readonly="readonly" /></td>

</tr>

<tr>

<td colspan="2" align="center">

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

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

</td>

</tr>

</table>

<form action="{{ url_for('register') }}" method="post">

</form>

</body>

</html>

</body>

</html>

USN – 3:

Login

```html
<!DOCTYPE html>

<html>

<head>

<meta name="viewport" content="width=device-width, initial-scale=1">

<title> Login Page </title>

<style>

Body {

  font-family: Calibri, Helvetica, sans-serif;

  background-color: rgba(201, 192, 255, 0.397);

}

button {

    background-color: #4CAF50;

    width: 100%;

     color: orange;

     padding: 15px;

     margin: 10px 0px;

     border: none;

     cursor: pointer;

      }


 input[type=text], input[type=password] {

     width: 100%;

     margin: 8px 0;

     padding: 12px 20px;

     display: inline-block;

     border: 2px solid green;

     box-sizing: border-box;

   }

button:hover {

     opacity: 0.7;

   }

 .cancelbtn {

     width: auto;
```

```
        padding: 10px 18px;

        margin: 10px 5px;

    }



.container {

        padding: 25px;

        background-color: rgba(230, 173, 173, 0);

    }
</style>
</head>
<body>
    <h1 style="color:rgb(27, 209, 255);">Login</h1>
    <form>
        <div class="container">
            <label>Username : </label>
            <input type="text" placeholder="Enter Username" name="username" required>
            <label>Password : </label>
            <input type="password" placeholder="Enter Password" name="password" required>
            <button type="submit">Login</button>
            <input type="checkbox" checked="checked"> Remember me
            <button type="button" class="cancelbtn"> Cancel</button>
            Forgot password? </a>
            <a href="Signin.html">Want to create new account?</a>
        </div>
<form action="{{ url_for('register') }}" method="post">
    </form>
</body>
</html>
```