Date	17 November 2022
Team ID	PNT2022TMID45551
Project Name	Project – Global Sales Data Analytics

FEATURE 1:

REGISTER

```
<!DOCTYPE html>
<html>
<head>
    <title></title>
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <link rel="stylesheet" type="text/css"</pre>
href="{{url_for('static',filename='style.css')}}">
    <link rel="stylesheet" href="https://cdnjs.cloudflare.com/ajax/libs/font-</pre>
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"></scrip</pre>
    <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;
        .1b2 {
           margin-left: 20px;
        .1b3 {
           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>
               Enter your personal details and start journey with us
            </span>
       </div>
        <div class="scrollbox">
           <div class="registerdonor">
               <form action="process.php" method="POST" id="myform">
                   <div class="login">
                       <h3>Login Details</h3>
```

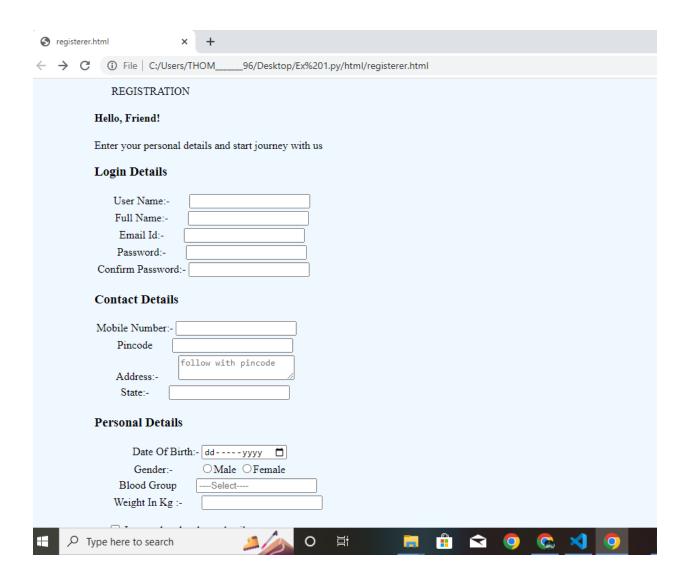
```
<label class="lb1" class="username">User
Name:-</label>
                                  <input type="text" name="user_name" required</pre>
pattern="^[A-Za-z0-9. %+-@]{5,10}$"
                                      title="Enter a username between 5 to 10
letter" autocomplete="off">
                              <label class="lb1">Full Name:-</label>
                                  <input type="text" name="user full name"</pre>
required pattern="[A-z ]+$"
                                      title="Use only character & whitespace"
autocomplete="off">
                              <label class="lb1">Email Id:-</label>
                                  <input type="email" name="user_email"</pre>
required
                                      pattern="[A-Za-z0-9._%+-]+@[A-z0-9.-
]+\.[a-z]{2,}$"
                                      title="Email id is not Valid"
autocomplete="off">
                              <label class="lb1">Password:-</label>
                                  <input type="password" name="password"</pre>
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">
                              <label>Confirm Password:-</label>
```

```
<input type="text" name="confirm_password"</pre>
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">
                             </div>
                  <div class="container">
                      <h3>Contact Details</h3>
                      <label>Mobile Number:-</label>
                                 <input type="text" name="user_number"</pre>
required pattern="^[1-9]{1}[0-9]{9}$"
                                    title="Number is not valid"
autocomplete="off">
                             <label class="lb1">Pincode</label>
                                 <input type="text" name="pincode" required</pre>
pattern="^[0-9]{6}$"
                                    title="Pincode is not valid"
autocomplete="off">
                             <label class="lb1">Address:-</label>
                                 <textarea name="Address" placeholder="follow
with pincode" required></textarea>
                             <!-- <tr>
                                 <label class="lb1">City:-</label >
                                 <input type="text" name="city">
```

```
 -->
                                   <label class="lb1">State:-</label>
                                   <input type="text" name="state">
                               </div>
                   <div class="personal">
                       <h3>Personal Details</h3>
                       >
                                   <label>Date Of Birth:-</label>
                                   <input type="date" name="date_of_birth"</pre>
required autocomplete="off">
                               <div class="radio">
                                      <label class="lb3">Gender:-</label>
                                       <input type="radio" name="gender"</pre>
class="radio1" value="Male"><span</pre>
                                          class="radioname" required
autocomplete="off">Male</span>
                                      <input type="radio" class="radio2"</pre>
name="gender" value="Female"><span</pre>
                                          class="radioname" required
autocomplete="off">Female</span>
                                   </div>
                               <label class="lb1">Blood Group</label>
                                   <input type="text" list="bloodgroup"</pre>
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="0+"></option>
                                       <option value="0-"></option>
                                   </datalist>
                               <!-- <tr>
                                   <label class="lb1">Plasma Type</label >
                                   <input type="text" list="plasmatype"</pre>
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>
                                -->
                           <label class="lb1">Weight In Kg :-</label>
                                   <input type="number" name="weight" required</pre>
autocomplete="off">
                               </div>
                   <input type="checkbox" name="terms"</pre>
id="checkbox" required autocomplete="off">
                       <!-- I agree to have my contact details broadcasted to
                       I agree that the above details are true 
                   <input type="reset" class="lb2 k" name="submit"</pre>
value="Reset">
                   <a href="login.html">
                       <input type="button" class="lb2 k"</pre>
onclick="href='login.html';" value="Submit"></a>
           </div>
            </form>
       </div>
```

OUTPUT:



LOGIN:

```
LOGIN.HTML:
<!DOCTYPE html>
<head>
<style>
form{
height:520px;
width:400px;
background-color: rgba(255,255,255,0.13);
position: absolute;
transform: translate(-50%, - 50%);
top: 50%;
left: 50%;
border-radius: 15px;
backdrop-filter: blur(10px);
border: 2px solid rgba(90, 76, 156, 0.1);
box-shadow: 0 0 40px
rgba(35, 25, 110, 0.6);
padding: 50px 35px;
::placehol der{ color: #e5e5e5;
input::-webkit- input-placeholder{ color:rgb(158, 16,40);
font-size:19px;
line-height:4px;
button{ width:50%; background-
color:#e20c0c;
color:#080710;
padding:15px 0;
font-size:25px;
font:weight 600;
border-radius:10px;
cursor:pointer
```

```
background-color:
rgb(173, 35, 120);
width: 445px; height: 600px; }
</style>
</head>
<div style="font-size:30px;color: #000;">
<body>
<form>
<h3> Login Here</h3>
<label for="Username">Username:</label>
<input type="text" placeholder="Email or phone" id="Username"><br><br><<br>
<label for="password">Password:</label>
<button>Log In</putton>
Don't have an account?<a href="Register.html">Register.
</a>
</form>
</body>
</div>
</center>
</html>
```

Output:

