

REGISTER

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<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Registration</title>
  <link rel="stylesheet"
href="https://stackpath.bootstrapcdn.com/bootstrap/4.5.2/css/bootstrap.min.css">
  <link rel="stylesheet" href="/static/main.css">
</head>
<body>
  <div class="titles">
    <a href="/">
      <h2>PLASMA DONOR APP</h2>
    </a>
  </div>

  <div class="container">
    <form action="{{url_for('do_register')}}" method="post">
      <h4 class="text-center">New Registration</h4>
      <div class="row p-2">
        <div class="col-sm-6 form-group">
          <label for="name-f">First Name</label>
          <input type="text" class="form-control" name="fname" id="name-
f" placeholder="Enter your first name." required>
        </div>
        <div class="col-sm-6 form-group">
          <label for="name-l">Last name</label>
          <input type="text" class="form-control" name="lname" id="name-
l" placeholder="Enter your last name." required>
        </div>
        <div class="col-sm-6 form-group">
          <label for="email">Email</label>
          <input type="email" class="form-control" name="email"
id="email" placeholder="Enter your email." required>
        </div>
        <div class="col-sm-6 form-group">
          <label for="address-1">Address Line-1</label>
          <input type="address" class="form-control" name="Locality"
id="address-1" placeholder="Locality/House/Street no." required>
        </div>
        <div class="col-sm-6 form-group">
          <label for="address-2">Address Line-2</label>
          <input type="address" class="form-control" name="address"
id="address-2" placeholder="Village/City Name." required>
        </div>
        <div class="col-sm-4 form-group">
          <label for="State">State</label>
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        <input type="address" class="form-control" name="State"
id="State" placeholder="Enter your state name." required>
    </div>
    <div class="col-sm-2 form-group">
        <label for="zip">Postal-Code</label>
        <input type="zip" class="form-control" name="Zip" id="zip"
placeholder="Postal-Code." required>
    </div>
    <div class="col-sm-6 form-group">
        <label for="Date">Date Of Birth</label>
        <input type="Date" name="dob" class="form-control" id="Date"
placeholder="" required>
    </div>
    <div class="col-sm-6 form-group">
        <label for="sex">Gender</label>
        <select id="sex" name="gender" class="form-control browser-
default custom-select">
            <option value="male">Male</option>
            <option value="female">Female</option>
            <option value="unspesified">Unspecified</option>
        </select>
    </div>
    <div class="col-sm-3 form-group">
        <label for="tel">Phone</label>
        <input type="tel" name="phone" class="form-control" id="tel"
placeholder="Enter Your Contact Number." required>
    </div>
    <div class="col-sm-3 form-group">
        <label for="covid-record">Covid-19 Record:</label>
        <select id="covid-record" name="covid-report" class="form-
control browser-default custom-select">
            <option value="Recovered">Recovered / Tested
Negative</option>
            <option value="Uninfected">Uninfected / No Covid
History</option>
        </select>
    </div>
    <div class="col-sm-6 form-group">
        <label for="blood-group">Choose your Blood Type:</label>
        <select id="blood-group" name="b-type" class="form-control
browser-default custom-select">
            <option value="A Positive">A postive (A+)</option>
            <option value="A Negative">A Negative (A-)</option>
            <option value="B Positive">B postive (B+)</option>
            <option value="B Negative">B Negative (B-)</option>
            <option value="O Positive">O postive (O+)</option>
            <option value="O Negative">O Negative (O-)</option>
            <option value="AB Positive">AB postive (AB+)</option>
            <option value="AB Negative">AB Negative (AB-)</option>
        </select>
    </div>
    <div class="col-sm-6 form-group">
        <label for="pass">Password</label>

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        <input type="Password" name="password" class="form-control"
id="pass" placeholder="Enter your password." required>
    </div>
    <div class="col-sm-6 form-group">
        <label for="pass2">Confirm Password</label>
        <input type="Password" name="cnf-password" class="form-control"
id="pass2" placeholder="Re-enter your password." required>
    </div>
    <div class="col-sm-12 form-group mb-0">
        <button class="btn btn-primary float-right">Register</button>
    </div>
</form>

</div>

<script src="https://code.jquery.com/jquery-3.5.1.slim.min.js"
integrity="sha384-DfXdz2htPH0lsSSs5nCTpuj/zy4C+OGpamoFVy38MVBnE+IbbVYUew+OrCXaRkfj"
crossorigin="anonymous"></script>
<script
src="https://cdn.jsdelivr.net/npm/popper.js@1.16.1/dist/umd/popper.min.js"
integrity="sha384-9/reFTGAW83EW2RDu2S0VKAizap3H66lZH81PoYlFhbGU+6BZp6G7niu735Sk7lN"
crossorigin="anonymous"></script>
<script
src="https://stackpath.bootstrapcdn.com/bootstrap/4.5.2/js/bootstrap.min.js"
integrity="sha384-B4gt1jrGC7Jh4AgTPSdUtOBvf08shuf57BaghQFfPLYxofvL8/KUEfYiJOMMV+rV"
crossorigin="anonymous"></script>
</body>
</html>

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OUTPUT:

The screenshot shows a web browser window with the title "Registration" and the URL "127.0.0.1:5000/register". The page features a dark blue header with the text "PLASMA DONOR APP" in blue. Below the header is a white form titled "New Registration". The form contains the following fields and controls:

- First Name:** Text input field with placeholder "Enter your first name."
- Last name:** Text input field with placeholder "Enter your last name."
- Email:** Text input field with placeholder "Enter your email."
- Address Line-1:** Text input field with placeholder "Locality/House/Street no."
- Address Line-2:** Text input field with placeholder "Village/City Name."
- State:** Text input field with placeholder "Enter your state name."
- Postal-Code:** Text input field with placeholder "Postal-Code."
- Date Of Birth:** Text input field with placeholder "mm/dd/yyyy" and a calendar icon.
- Gender:** Dropdown menu with "Male" selected.
- Phone:** Text input field with placeholder "Enter Your Contact Number."
- Covid-19 Record:** Dropdown menu with "Recovered / Tested Negative" selected.
- Choose your Blood Type:** Dropdown menu with "A positive (A+)" selected.
- Password:** Text input field with placeholder "Enter your password."
- Confirm Password:** Text input field with placeholder "Re-enter your password."

A blue "Register" button is located at the bottom right of the form.