

Internet and Web Programming
CSE3002
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Lab Assignment 4

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Question:

Write a javascript program to validate HTML form fields in a webpage.

Design a Registration Webpage for an insurance company.

The form must contain a minimum of 10 fields.

Implement Java Script with regular expression to validate the following

For Last Name field - the last name should be dot(.) followed by single letter combination(Note:.K or .N.L is allowed.kumar or Nakul is not allowed).

For E-Mail ID accept only the gmail ID.

With the Data of Birth input,calculate the age of the person and populate it in the textbox automatically.

Validate the form for empty field submissions.

Procedure:

<!DOCTYPE html>: Tells browser that it is an HTML document

<head>: Container for header elements

<title>: Name for toolbar

<body>: Body element for document

<style>: Styles for the different elements

<h1>: Heading of level 1

align: alignment on the HTML document

`<form>`: Creates an HTML form for user input

 action: backend script to process data

 method: API request method

`<table>`: Defines a table

 cellpadding: Space to left on all 4 sides inside the cell

`<tr>`: Defines a new table row

`<td>`: Defines a cell

`<input>`: Declare input controls that allow users to input data.

 type: Defines the type of input text/radio/checkbox

 name: Defines the name of the `<input>` element

 id: Unique id to identify

 pattern: Defines pattern of input data

 required: Compulsory to enter

 value: Defines the value of the option in radio/checkbox

`<label>`: Represents a caption for an item in a user interface
For:

`<textarea>`: Multi-line text input control

 rows: Min no of rows

 cols: Min no of cols.

background-color: Defines the background colour of the element

font-size: Defines the font size of the enclosed font

text-align: Defines the alignment of the text

font-family: Defines the font of the text

font-style: Defines the style of font like bold, italic etc.

padding-left: Defines the left padding

padding-right: Defines the right padding

Code:

index.html

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>18BCE0265 IWP Lab DA - 4</title>
  <link rel="stylesheet" href="style.css">
  <script src="script.js"></script>
</head>
<body>
  <h1 align="center">Insurance Details</h1>
  <div>
    <form id="insurance-form" onsubmit="submitForm()" action="submit"
method="POST">
      First Name:
      <input type="text" id="first-name" required>
      <br><br>
      Last Name:
      <input type="text" id="last-name" required>
      <br><br>
      Date of Birth (DD/MM/YYYY):
      <input type="date" id="dob" onblur="calculateAge()" required>
      <br><br>
      Age:
      <input type="number" id="age">
      <br><br>
      Gender:
      <input type="radio" name="gender" value="male" checked>Male
      <input type="radio" name="gender" value="female">Female
      <input type="radio" name="gender" value="other">Other
      <br><br>
      Email ID:
      <input type="email" id="email" required style="text-transform:
lowercase;">
      <br><br>
      Mobile Number:
      <input type="text" id="mobile" required>
      <br><br>
      Address:
      <textarea id="address" rows="5" cols="30" required></textarea>
      <br><br>
      Pincode:
      <input type="text" id="pincode" required>
      <br><br>
      Do you have any Health Problems ?
```

```

        <input type="radio" name ="health" value="yes">Yes
        <input type="radio" name ="health" value="no" checked>No<br><br>
        List health problems if any :
        <textarea id="health-problems" rows="5" cols="30" ></textarea>
        <br><br>
        <input type="submit" value="Validate"/> <br>
    </form>
</div>
</body>
</html>

```

style.css

```

body{
    background-color: rgb(20,20,20);
    font-family: Verdana, Geneva, Tahoma, sans-serif;
    color: rgb(16, 229, 125);
}
form{
    text-align: center;
    font-size: 1em;
    font-weight: 700;
    font-family: Verdana, Geneva, Tahoma, sans-serif;
}
input{
    height: auto;
    width: auto;
    padding: 5px 10px 5px 10px;
    text-transform: capitalize;
    background-color: rgb(20,20,20);
    border: 2px solid rgb(156,156,156);
    border-radius: 5px;
    color: white;
    font-size: 1em;
    font-family: Verdana, Geneva, Tahoma, sans-serif;
}
textarea{
    padding: 5px 10px 5px 10px;
    text-transform: capitalize;
    background-color: rgb(20,20,20);
    border: 2px solid rgb(156,156,156);
    border-radius: 5px;
    color: white;
    font-size: 1em;
    font-family: Verdana, Geneva, Tahoma, sans-serif;
}

```

script.js

```

function calculateAge(){

```

```

var dob = document.getElementById("dob");
var date = dob.value.substr(0,2);
var month = dob.value.substr(3,2);
var year = dob.value.substr(6,4);
var current = new Date();

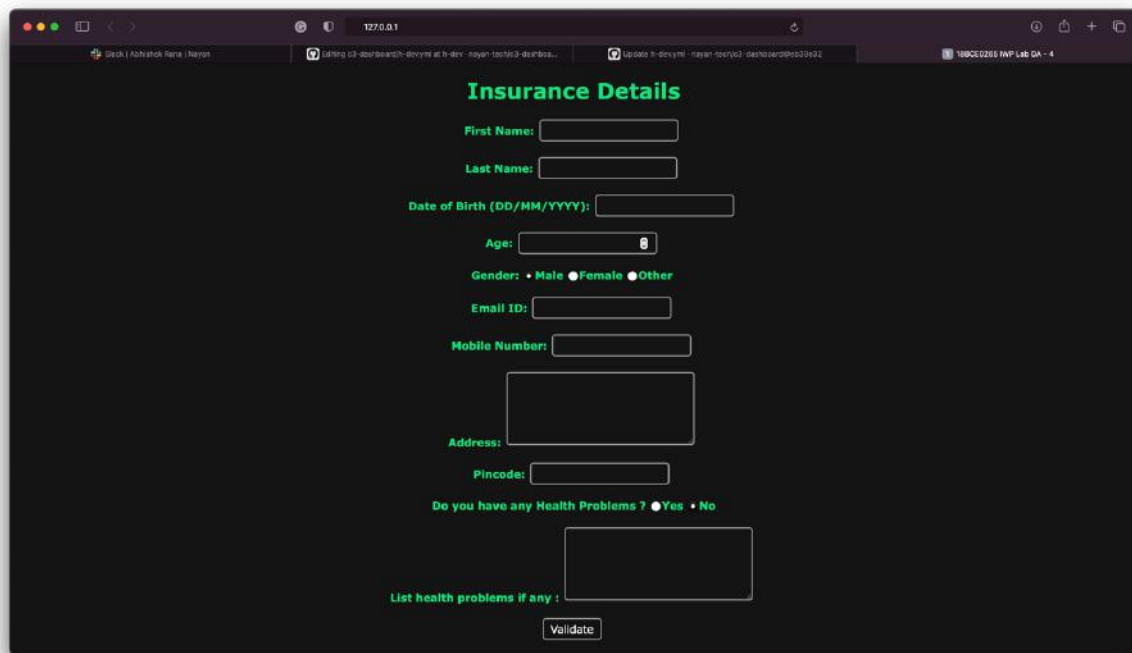
var age = current.getFullYear() - year;
if(
    current.getMonth() < month ||
    (current.getMonth() == month && current.getDate() < date)
){
    age = age - 1;
}
currentAge = document.getElementById("age");
currentAge.value= age;
}

function submitForm() {
    var pattern = /^(.[A-Z])*$/;
    var text = document.getElementById("last-name");
    if(!pattern.test(text.value)){
        alert("Enter Correct Last Name");
        text.focus();
    }

    var pattern = /^[a-z0-9._-]+@[gmail]+.[com]{2,5}$/i;
    var text = document.getElementById("email");
    if(!pattern.test(text.value)){
        alert("Enter Correct Email");
        text.focus();
    }
}

```

Output:



The screenshot shows a web browser window with a dark theme. The browser's address bar displays the URL `127.0.0.1`. The page title is "Insurance Details". The form contains the following fields and controls:

- First Name:** A text input field.
- Last Name:** A text input field.
- Date of Birth (DD/MM/YYYY):** A text input field.
- Age:** A text input field with the value "8" entered.
- Gender:** Three radio buttons labeled "Male", "Female", and "Other". The "Female" radio button is selected.
- Email ID:** A text input field.
- Mobile Number:** A text input field.
- Address:** A large text input field.
- Pincode:** A text input field.
- Do you have any Health Problems ?** Two radio buttons labeled "Yes" and "No". The "No" radio button is selected.
- List health problems if any :** A text input field.
- Validate:** A button at the bottom of the form.