

Web Technologies - Lab3

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Div: CS - B

Batch : B1

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PROBLEM STATEMENT

Create an admission Template form for VIT admission Process? Perform the validation for email and phone number fields using JavaScript.

CODE

HTML

```
<!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">

    <!------- Bootstrap CDN ----->
    <link
href="https://cdn.jsdelivr.net/npm/bootstrap@5.2.1/dist/css/bootstrap.min.css"
rel="stylesheet"

integrity="sha384-iYQeCzEYFbKjA/T2uDLTpkwGzCiq6soy8tYaI1GyVh/UjpbCx/TYkiZhlZB6+fzT"
crossorigin="anonymous">
    <script
src="https://cdn.jsdelivr.net/npm/bootstrap@5.2.1/dist/js/bootstrap.bundle.min.js"

integrity="sha384-u10knCvxWvY5kfmNBILK2hRnQC3Pr17a+RTT6rIHI7NnikvbZlHgTPOOmMi466C8"
crossorigin="anonymous"
    defer></script>
    <!------- End Bootstrap CDN ----->
    <title>VIT Admission Form</title>
  </head>
```

```

<body class="container-fluid p-3 bg-black-50">

    <div class="wrapper">
        <nav class="navbar">
            
            <h4 class="display-6 navbar-link">Vishwakarma Institute of
Technology, Pune</h4>
        </nav>
    </div>
    <div class="row align-items-center justify-content-center">
        <div class="card card-md p-5 shadow-xl col max-w-lg self-center
rounded-5 shadow-xl">
            <div class="card-title display-6 text-center">New Admission</div>
            <form id="admission-form" class="accordion accordion-flush">
                <div class="accordion-item">
                    <h2 class="accordion-header">
                        <button id="basic-information-header"
class="accordion-button collapsed lead text-primary"
type="button" data-bs-toggle="collapse"
data-bs-target="#basic-information"
aria-expanded="false"
aria-controls="basic-information">
                            Basic Information
                        </button>
                    </h2>
                    <div id="basic-information" class="accordion-collapse
collapse"
aria-labelledby="flush-headingOne"
data-bs-parent="#admission-form">
                        <div class="accordion-body">
                            <div class="form-group">
                                <label class="form-label">First name</label>
                                <input name="first-name" id="first-name"
type="text" class="form-control"
data-invalid-feedback="First name is
required">
                            </div>
                            <div class="form-group">
                                <label class="form-label">Last name</label>
                                <input name="last-name" id="last-name"
type="text" class="form-control"

```

```

data-invalid-feedback="Last name is
required">
    </div>
    <div class="form-group">
        <label class="form-label">Email</label>
        <div class="input-group has-validation">
            <input name="email" id="email" type="text"
class="form-control"
data-invalid-feedback="Email is
required">
        </div>
    </div>
    <div class="form-group">
        <label class="form-label">Gender</label>

        <br />

        <input type="radio" name="gender" value="Male"
class="form-check-input" checked>
        <label class="form-check-label">Male</label>

        <input type="radio" name="gender"
value="Female" class="form-check-input">
        <label class="form-check-label">Female</label>

        <input type="radio" name="gender" value="Other"
class="form-check-input">
        <label class="form-check-label">Other</label>
    </div>

    <div class="form-group">
        <label class="form-label">Telephone
Number</label>

        <input id="telephone-number"
name="telephone-number" type="number" maxlength="10"
class="form-control">
    </div>
</div>
</div>
</div>

<div class="accordion-item">
    <h2 class="accordion-header" id="flush-headingOne">

```

```

<button class="accordion-button collapsed lead
text-primary" type="button"
        data-bs-toggle="collapse"
data-bs-target="#address-information" aria-expanded="false"
        aria-controls="address-information">
    Address Information
</button>
</h2>
<div id="address-information" class="accordion-collapse
collapse"
        aria-labelledby="flush-headingOne"
data-bs-parent="#admission-form">
    <div class="accordion-body">
        <div class="form-group">
            <label class="form-label">City</label>
            <input id="city" name="city" type="text"
class="form-control"
                data-invalid-feedback="City is required">
            </div>
            <div class="form-group">
                <label class="form-label">State</label>
                <select id="state" name="state"
class="form-select"
                    data-invalid-feedback="State is required">
                    <option selected disabled value="">--
Select State --</option>
                    <option value="Assam">Assam</option>
                    <option value="Andhra Pradesh">Andhra
Pradesh</option>
                    <option value="Arunachal Pradesh">Arunachal
Pradesh</option>
                    <option value="Assam">Assam</option>
                    <option value="Bihar">Bihar</option>
                    <option
value="Chhattisgarh">Chhattisgarh</option>
                    <option value="Goa">Goa</option>
                    <option value="Gujarat">Gujarat</option>
                    <option value="Haryana">Haryana</option>
                    <option value="Himachal Pradesh">Himachal
Pradesh</option>
                    <option
value="Jharkhand">Jharkhand</option>

```

```

        <option
value="Karnataka">Karnataka</option>
        <option value="Kerala">Kerala</option>
        <option value="Madhya Pradesh">Madhya
Pradesh</option>
        <option
value="Maharashtra">Maharashtra</option>
        <option value="Manipur">Manipur</option>
        <option
value="Meghalaya">Meghalaya</option>
        <option value="Mizoram">Mizoram</option>
        <option value="Nagaland">Nagaland</option>
        <option value="Odisha">Odisha</option>
        <option value="Punjab">Punjab</option>
        <option
value="Rajasthan">Rajasthan</option>
        <option value="Sikkim">Sikkim</option>
        <option value="Tamil Nadu">Tamil
Nadu</option>
        <option
value="Telangana">Telangana</option>
        <option value="Tripura">Tripura</option>
        <option value="Uttar Pradesh">Uttar
Pradesh</option>
        <option
value="Uttarakhand">Uttarakhand</option>
        <option value="Gairsain">Gairsain</option>
        <option value="West Bengal">West
Bengal</option>
    </select>
</div>
<div class="form-group">
    <label class="form-label">Zip Code</label>
    <input id="zip" name="zip" type="number"
class="form-control"
        data-invalid-feedback="Zip Code is
required">
</div>
<div class="form-group">
    <label class="form-label">Permanent
Address</label>
    <textarea id="address" name="address"
class="form-control" rows="4">

```

```

data-invalid-feedback="Address is
required"></textarea>

</div>
</div>
</div>
</div>

<div class="accordion-item">
  <h2 class="accordion-header" id="flush-headingOne">
    <button class="accordion-button collapsed lead
text-primary" type="button"
      data-bs-toggle="collapse"
data-bs-target="#academic-information" aria-expanded="false"
      aria-controls="academic-information">
      Academic Information
    </button>
  </h2>
  <div id="academic-information" class="accordion-collapse
collapse"
    aria-labelledby="flush-headingOne"
data-bs-parent="#admission-form">
    <div class="accordion-body">
      <div class="form-group">
        <label class="form-label">Marksheet</label>
        <input type="file" placeholder="Upload
marksheet" class="form-control" />
      </div>
      <div class="form-group">
        <label class="form-label">Interested
Division</label>
        <select class="form-control">
          <option>-- Select Branch --</option>
          <option value="Computer Science">Computer
Science</option>
          <option
value="Mechanical">Mechanical</option>
          <option
value="Instrumentation">Instrumentation</option>
          <option value="Artificial
Intelligence">Artificial Intelligence</option>
          <option value="Data Science">Data
Science</option>
        </select>

```

```

        </div>
    </div>
</div>

    <div class="row justify-content-center my-4">
        <button id="admission-form-button" class="btn btn-success"
type="submit">Enquire for
            Admission</button>
    </div>
</form>
</div>
</div>

    <script src="./validate.js"></script>
</body>
</html>

```

JavaScript

```
document.getElementById("admission-form").addEventListener("submit", (e) => {
    e.preventDefault();

    Array.from(document.forms[0].elements).forEach((i) => {
        switch (i.id) {
            case "email":
                let filter =
                    /^\\s*[\\w\\-\\+\\_]+(\\. [\\w\\-\\+\\_]+)*\\@[\\w\\-\\+\\_]+\\. [\\w\\-\\+\\_]+(\\. [\\w\\-\\+\\_]+)*\\s*$/;

                if (!filter.test(i.value)) {

document.getElementById("basic-information").classList.add("show");
                document
                    .getElementById("basic-information-header")
                    .classList.add("text-danger");
                document
                    .getElementById("basic-information-header")
                    .classList.remove("text-primary");
```

```

document.getElementById("email").classList.add("border-danger");
    i.setCustomValidity("Enter a Valid Email !");
} else {
    document
        .getElementById("basic-information-header")
        .classList.add("text-primary");
    document
        .getElementById("basic-information-header")
        .classList.remove("text-danger");

document.getElementById("email").classList.remove("border-danger");

    i.setCustomValidity("");
}

i.addEventListener("input", (e) => e.target.setCustomValidity(""));
break;
case "telephone-number":
    let telephoneFilter =
/^(\+0?1\s)?\(?\d{3}\)?[\s.-]\d{3}[\s.-]\d{4}$/;

    if (!telephoneFilter.test(i.value)) {

document.getElementById("basic-information").classList.add("show");
    document
        .getElementById("basic-information-header")
        .classList.add("text-danger");
    document
        .getElementById("basic-information-header")
        .classList.remove("text-primary");
    document
        .getElementById("telephone-number")
        .classList.add("border-danger");
    i.setCustomValidity("Enter a Valid Telephone Number !");
} else {
    document
        .getElementById("basic-information-header")
        .classList.add("text-primary");
    document
        .getElementById("basic-information-header")
        .classList.remove("text-danger");
    document

```



```

        .getElementById("telephone-number")
        .classList.remove("border-danger");

        i.setCustomValidity("");
    }

    i.addEventListener("input", (e) => e.target.setCustomValidity(""));
    break;

default:
    try {
        if (i.value === null || i.value === "" || i.value ===
undefined) {
document.getElementById(i.id).classList.add("border-danger");
            try {
i.setCustomValidity(i.getAttribute("data-invalid-feedback"));
                } catch (_) {
                    document
                        .getElementsByClassName("accordion-collapse")
                        .forEach((i) => i.classList.add("show"));
                }
            } else {
document.getElementById(i.id).classList.remove("border-danger");
                i.setCustomValidity("");
            }
            i.addEventListener("input", (e) =>
e.target.setCustomValidity(""));
                } catch (_) {}
        }
    });

    // e.target.submit();
});

```



New Admission

- Basic Information
- Address Information
- Academic Information

Enquire for Admission

New Admission

Basic Information

First name

Last name

Email

Gender

☒ Male ☐ Female ☐ Other

Telephone Number

! First name is required

- Address Information
- Academic Information

Enquire for Admission

NEW ADMISSION

Basic Information

First name

Mitrajeet

Last name

Golsangi

Email

mitrajeet@

Gender

☒ Male ☐ Female ☐ Other

Telephone Number

! Enter a Valid Email !

Basic Information

First name

Mitrajeet

Last name

Golsangi

Email

mitrajeet.golsangi20@vit.edu

Gender

☒ Male ☐ Female ☐ Other

Telephone Number

123

Enter a Valid Telephone Number !

Address Information

Academic Information

Enquire for Admission

Basic Information

Address Information

City

State

Maharashtra

Zip Code

Permanent Address

Basic Information

Address Information

Academic Information

Marksheet

Choose File No file chosen

Interested Division

-- Select Branch --

Enquire for Admission