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## IT254 Lab Assignment 4

Q1. Create a NITK employee registration webpage using HTML form objects.

Q2. Perform form validation for name and email fields with following guidelines:

(i) The first character of the first name and last name should be in capital. Other characters should be small letters. Digits and special characters are not allowed.

(ii) email id should be of the form `eid@nitk.ac.in`  
eid can have alphabets, numbers, underscores and dots. But eid should start with a letter and end with a letter or number. It cannot have underscores and dots at the beginning and end of eid. It should then match for `@nitk.ac.in`

On invalid entry, you can show the specific error beside the field in red color.

Note: Two questions have been done in a single code...

# CODE

## index.html

```
<!DOCTYPE html>
<html>
<head>
  <title>Form Validation</title>
  <style>
    .error {
      color: red;
    }
  </style>
</head>
<body>
  <h1 style="color: red;">Employee Registration Form</h1>
  <form id="myForm">

    <input type="radio" id="choice1" name="gender" value="Mr" style="margin-left: 180px;" checked>
    <label for="choice1">Mr.</label>

    <input type="radio" id="choice2" name="gender" value="Mrs">
    <label for="choice1">Mrs.</label>

    <input type="radio" id="choice3" name="gender" value="Ms">
    <label for="choice1">Ms.</label><br>

    <label for="fname">First Name</label>
    <input type="text" id="fname" name="fname" placeholder="First Name" style="margin-left: 90px;"><span
      id="fnameError" class="error"></span><br><br>

    <label for="lname">Last Name</label>
    <input type="text" id="lname" name="lname" placeholder="Last Name" style="margin-left: 90px;"><span
      id="lnameError" class="error"></span><br><br>

    <label for="lname">Current Address</label>
    <input type="text" id="curraddr" name="curraddr" style="margin-left: 55px;"><br><br>

    <label for="lname">Permanent Address</label>
    <input type="text" id="peraddr" name="peradr" style="margin-left: 35px;"><br><br>

    <label for="lname">City</label>
    <input type="text" id="city" name="city" style="margin-left: 130px;"><br><br>
```

```
<label for="state">State</label>
<select name="state" id="state" style="margin-left: 130px;">
  <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" selected>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="West Bengal">West Bengal</option>
</select><br><br>

<label for="lname">Zip</label>
<input type="text" id="zip" name="zip" style="margin-left: 140px;"><br><br>

<label for="avatar">Upload Photo</label>
<input type="file" id="avatar" style="margin-left: 70px;" name="avatar"
  accept="image/png, image/jpeg" /><br><br>

<label for="email">E-mail:</label>
<input type="text" id="email" style="margin-left: 110px;" name="email"><span id="emailError"
  class="error"></span><br><br>

<label for="mobile">Mobile</label>
<input type="text" style="margin-left: 110px;" id="mobile" name="mobile" placeholder="+91"><br><br>
```

```

<legend style="display: inline-block;">Languages known</legend>
<div style="display: inline-block; margin-left: 150px;">
  <div style="margin-bottom: 5px;">
    <input type="checkbox" id="scales1" name="scales" checked />
    <label for="scales1">Gujurati</label>
  </div>

  <div style="margin-bottom: 5px;">
    <input type="checkbox" id="scales2" name="scales" checked />
    <label for="scales2">Hindi</label>
  </div>

  <div style="margin-bottom: 5px;">
    <input type="checkbox" id="scales3" name="scales" checked />
    <label for="scales3">English</label>
  </div>

  <div style="margin-bottom: 5px;">
    <input type="checkbox" id="horns" name="horns" />
    <label for="horns">Marathi</label><br><br>
  </div>
</div>
<br>
<div style="position: relative;">
  <div style="position: absolute; top: 50%; transform: translateY(-50%); left: 0;">Additional Info</div>
  <textarea id="story" name="story" rows="4" cols="25" style="margin-left: 150px;"
    placeholder="Optional"></textarea>
</div>
<br>
<br>
<input type="submit" value="Submit" style="margin-left: 150px;">
<input type="reset" value="Reset" onclick="resetForm()">
</form>

```

```
<script>
  const form = document.getElementById("myForm");
  const fnameInput = document.getElementById("fname");
  const lnameInput = document.getElementById("lname");
  const emailInput = document.getElementById("email");
  const fnameError = document.getElementById("fnameError");
  const lnameError = document.getElementById("lnameError");
  const emailError = document.getElementById("emailError");

  form.addEventListener("submit", function (event) {
    let isValid = true;
    fnameError.textContent = "";
    lnameError.textContent = "";
    emailError.textContent = "";

    const fnameValue = fnameInput.value.trim();
    const lnameValue = lnameInput.value.trim();
    const emailValue = emailInput.value.trim();

    if (!isValidName(fnameValue)) {
      fnameError.textContent = "First name is invalid.";
      isValid = false;
    }

    if (!isValidName(lnameValue)) {
      lnameError.textContent = "Last name is invalid.";
      isValid = false;
    }

    if (!isValidEmail(emailValue)) {
      emailError.textContent = "Email is invalid.";
      isValid = false;
    }

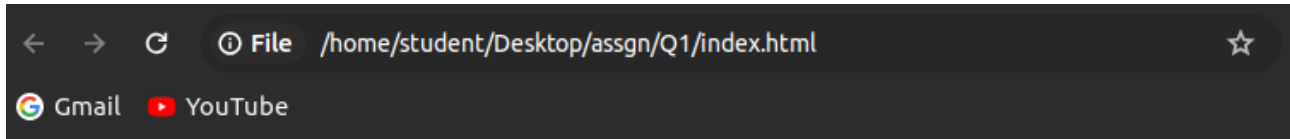
    if (!isValid) {
      event.preventDefault();
    }
  });

  function isValidName(name) {
    return /^[A-Z][a-z]*$/i.test(name);
  }
}
```



```
function isValidName(name) {  
    return /^[A-Z][a-z]*$/i.test(name);  
}  
  
function isValidEmail(email) {  
    return /^[A-Za-z][A-Za-z0-9._]*[A-Za-z0-9]@nitk\.ac\.in$/i.test(email);  
}  
  
function resetForm() {  
    form.reset();  
    fnameError.textContent = "";  
    lnameError.textContent = "";  
    emailError.textContent = "";  
}  
</script>  
</body>  
</html>
```

# OUTPUT



## Employee Registration Form

☒ Mr. ☐ Mrs. ☐ Ms.

First Name

Last Name

Current Address

Permanent Address

City

State

Zip

Upload Photo  No file chosen

E-mail:

Mobile

Languages known

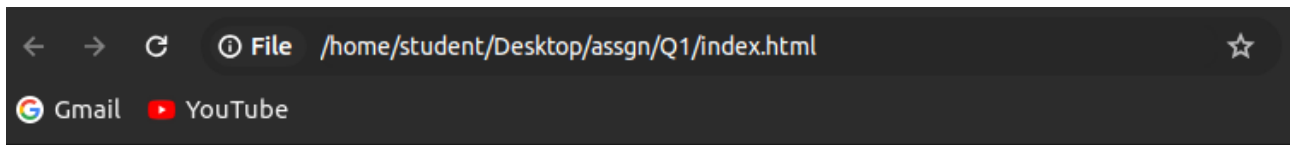
☒ Gujarati

☒ Hindi

☒ English

☐ Marathi

Additional Info



## Employee Registration Form

☒ Mr. ☐ Mrs. ☐ Ms.

First Name  First name is invalid.

Last Name  Last name is invalid.

Current Address

Permanent Address

City

State

Zip

Upload Photo  Screenshot f...6-47-26.png

E-mail:

Mobile

Languages known

☐ Gujarati

☐ Hindi

☒ English

☐ Marathi

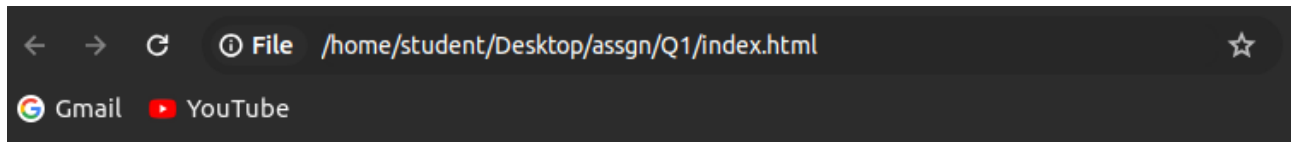
Additional Info



## Employee Registration Form

	<input checked="" type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
First Name	<input type="text" value="Nithin"/>
Last Name	<input type="text" value="S"/>
Current Address	<input type="text" value="erhverh"/>
Permanent Address	<input type="text" value="ahgeha"/>
City	<input type="text" value="Mlore"/>
State	<input type="text" value="Karnataka"/>
Zip	<input type="text" value="232323"/>
Upload Photo	<input type="button" value="Choose file"/> No file chosen
E-mail:	<input type="text" value="nithin@gmail.com"/> Email is invalid.
Mobile	<input type="text" value="3535353535"/>
Languages known	<input checked="" type="checkbox"/> Gujarati <input checked="" type="checkbox"/> Hindi <input checked="" type="checkbox"/> English <input type="checkbox"/> Marathi
Additional Info	<div>ewgewhggh</div>
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	

pressing reset will clear all fields except default set fields



## Employee Registration Form

☒ Mr. ☐ Mrs. ☐ Ms.

First Name

Last Name

Current Address

Permanent Address

City

State

Zip

Upload Photo  No file chosen

E-mail:

Mobile

Languages known

☒ Gujarati

☒ Hindi

☒ English

☐ Marathi

Additional Info