

Lab #1(a)

Lab#1(a) Creating a registration Page with HTML 5 Validation

TAGS USED	ATTRIBUTES USED	DESCRIPTION
<HTML>	--	Write the description of HTML tags and attributes
<HEAD>	--	A container for metadata
<TITLE>	--	Title of Web Page
<LINK>	REL,TYPE,HREF	Used for defining a link to an external document
<BODY>	BGCOLOR,TEXT, BACKGROUND	contains all the contents of an HTML document
<H1>,<H2>,<H3>,<H4>,<H5>,<H6>	--	an HTML heading used for web page title
<FORM>	METHOD,ACTION	required when you want to collect information that visitors provide
<DIV>	--	defines a division or a section in an HTML document
<LABEL>	--	used to specify a label for an <input> element of a form
<INPUT>	MAX,MAXLENGTH,NAME,TYPE	specifies an input field where the user can enter data


Lab #1(a)

Final Outcome:

Registration Form

Name:

Email:

 Please match the requested format.

Password:

Confirm Password:

Date of Birth:

Mobile No.:

City:


Register

Registration Form

Name:

Email:

Password:

 Please include an '@' in the email address. 'rohit//gmail.com' is missing an '@'.

Confirm Password:

Date of Birth:

Mobile No.:

City:

Register



Lab #1(a)


Registration Form


Name:

Email:

Password:

Confirm Password:

 Please match the requested format.

Date of Birth:
 

Mobile No.:

City:


Registration Form


Name:

Email:

Password:

Confirm Password:

 Please match the requested format.

Date of Birth:
 

Mobile No.:

City:



Lab #1(a)

Registration Form

Name:
Rohit Prasad

Email:
rohit@gmail.com

Password:
.....

Confirm Password:
.....

Date of Birth:
12 - 07 - 2023

Mobile No.:
98569856221

City:
Vadoda

Please match the requested format.

Register

Registration Form

Name:
Rohit Prasad

Email:
rohit@gmail.com

Password:
.....

Confirm Password:
.....

Date of Birth:
dd - mm - yyyy

Mobile No.:
9856985698

City:
Vadodara

Please fill out this field.

Register

Lab #1(a)

Registration Form

Name:

Email:

Password:

Confirm Password:

Date of Birth:

Mobile No.:

City:

Registration Form

Name:

Email:


Password:

Confirm Password:

Date of Birth:

Mobile No.:

City:

 Please fill out this field.

Lab #1(a)

Code Snippet:

```
<!DOCTYPE html>
<html>
<head>
  <title>Registration</title>
  <link rel="stylesheet" type="text/css" href="styles.css">
</head>
<body>
  <h1>Registration Form</h1>
  <form>
    <div class="form">
      <label>Name:</label>
      <input type="text" id="name" name="name" placeholder="Enter your Full Name" pattern="^[A-Za-z\s]{1,}[\.]{0,1}[A-Za-z\s]{0,}$" required>
    </div>
    <div class="form">
      <label>Email:</label>
      <input type="email" id="email" name="email" placeholder="Enter your Email Id" pattern="[a-z0-9._%+-]+@[a-z0-9.-]+\.[a-z]{2,}$" required>
    </div>
    <div class="form">
      <label>Password:</label>
      <input type="password" id="password" name="password" placeholder="Create your Password" pattern="(?=.*[0-9])(?=.*[a-z])(?=.*[A-Z])\S{6,}" required>
    </div>
    <div class="form">
      <label>Confirm Password:</label>
      <input type="password" id="confirm-password" name="confirm-password" placeholder="Confirm your password" pattern="(?=.*[0-9])(?=.*[a-z])(?=.*[A-Z])\S{6,}" required>
    </div>
    <div class="form">
      <label>Date of Birth:</label>
      <input type="date" id="dob" name="dob" max="2023-07-18" min="2002-01-01" required>
    </div>
    <div class="form">
      <label>Mobile No.:</label>
      <input type="text" id="tel" name="tel" pattern="[6-9][0-9]{9}" placeholder="+91 "required>
    </div>
    <div class="form">
      <label>City:</label>
      <input type="text" id="city" name="city" placeholder="Enter your City" required>
    </div>
    <div class="form">
      <input type="submit" value="Register">
    </div>
  </form>
</body>
</html>
```

Lab #1(a)

```
</form>  
</body>  
</html>
```