**NAME:PAREENITA A.SHIRSATH PRN:221101062 T.E.A.I.&.D.S. ROLL.NO:52**

**WCN EXPERIMENT 4**

**CODE:**

**Exp4.html**

**<!DOCTYPE html>**

**<html lang="en">**

**<head>**

**<meta charset="UTF-8">**

**<meta name="viewport" content="width=device-width, initial-scale=1.0">**

**<link rel="stylesheet" href="exp4.css">**

**<title>Placement Registration</title>**

**<style>**

**.error {**

***color*: red;**

**}**

**</style>**

**</head>**

**<body>**

**<h1>Form For Placement Registration </h1>**

**<form id="registrationForm" onsubmit="return validateForm()">**

**<label for="name">Name:</label>**

**<input type="text" id="name" required><br>**

**<label for="address">Address:</label>**

**<input type="text" id="address" required><br>**

**<label for="email">Email ID:</label>**

**<input type="email" id="email" required><br>**

**<label for="contact">Contact Number:</label>**

**<input type="tel" id="contact" required><br>**

**<label for="dob">Date of Birth:</label>**

**<input type="date" id="dob" required><br>**

**<label for="percentage">Percentage:</label>**

**<input type="number" id="percentage" required><br>**

**<label>Branch:</label>**

**<input type="radio" name="branch" value="AIDS">AIDS**

**<input type="radio" name="branch" value="CSE">CSE**

**<input type="radio" name="branch" value="IOT">IOT**

**<input type="radio" name="branch" value="EXTC">EXTC**

**<input type="radio" name="branch" value="Mechanical">Mechanical<br>**

**<label>Technology Preferred:</label>**

**<input type="checkbox" name="tech" value="Ruby">Ruby**

**<input type="checkbox" name="tech" value="C#">C#**

**<input type="checkbox" name="tech" value="Go">Go**

**<input type="checkbox" name="tech" value="Perl">Perl**

**<input type="checkbox" name="tech" value="Php">PHP<br>**

**<input type="submit" value="Submit">**

**</form>**

**<p class="error" id="errorText"></p>**

**<script>**

***function* validateForm() {**

***var* name = document.getElementById("name").value;**

***var* address = document.getElementById("address").value;**

***var* email = document.getElementById("email").value;**

***var* contact = document.getElementById("contact").value;**

***var* dob = new *Date*(document.getElementById("dob").value);**

***var* percentage = parseFloat(document.getElementById("percentage").value);**

***var* branchSelected = document.querySelector('input[name="branch"]:checked');**

***var* techSelected = document.querySelectorAll('input[name="tech"]:checked').length;**

***var* errorText = document.getElementById("errorText");**

**errorText.innerHTML = "";**

**// Regular expression to validate a phone number (10 digits)**

***var* phoneRegex = /^\d{10}$/;**

**if (name === "" || address === "" || email === "" || !phoneRegex.test(contact) || dob === "" || isNaN(percentage) || !branchSelected || techSelected === 0) {**

**errorText.innerHTML = "Please Fill in All Fields or Provide a Valid Contact Number.";**

**return false;**

**}**

**if (!email.includes("@") || !email.includes(".")) {**

**errorText.innerHTML = "Please Enter a Valid E-Mail Address.";**

**return false;**

**}**

**if (percentage < 60) {**

**errorText.innerHTML = "Percentage Must be Minimum First Class (>= 90%).";**

**return false;**

**}**

**return true;**

**}**

**</script>**

**</body>**

**</html>**

**Exp4.css**

**/\* Styling for the form \*/**

**body {**

**font-family: Arial, sans-serif;**

**background-color: #f5f5f5;**

**margin: 0;**

**padding: 0;**

**}**

**h1 {**

**text-align: center;**

**margin-top: 20px;**

**color: #333;**

**}**

**form {**

**max-width: 600px;**

**margin: 0 auto;**

**padding: 20px;**

**background-color: #fff;**

**border-radius: 5px;**

**box-shadow: 0 0 5px rgba(0, 0, 0, 0.2);**

**}**

**label {**

**font-weight: bold;**

**display: block;**

**margin-top: 10px;**

**}**

**input[type="text"],**

**input[type="email"],**

**input[type="tel"],**

**input[type="date"],**

**input[type="number"] {**

**width: 100%;**

**padding: 8px;**

**margin-bottom: 10px;**

**border: 1px solid #ccc;**

**border-radius: 3px;**

**box-sizing: border-box;**

**}**

**input[type="radio"],**

**input[type="checkbox"] {**

**margin-right: 5px;**

**}**

**input[type="submit"] {**

**display: block;**

**width: 100%;**

**padding: 10px;**

**background-color: #333;**

**color: #fff;**

**border: none;**

**border-radius: 3px;**

**cursor: pointer;**

**}**

**/\* Error message styling \*/**

**.error {**

**color: red;**

**margin-top: 10px;**

**}**

**/\* Responsiveness \*/**

**@media (max-width: 480px) {**

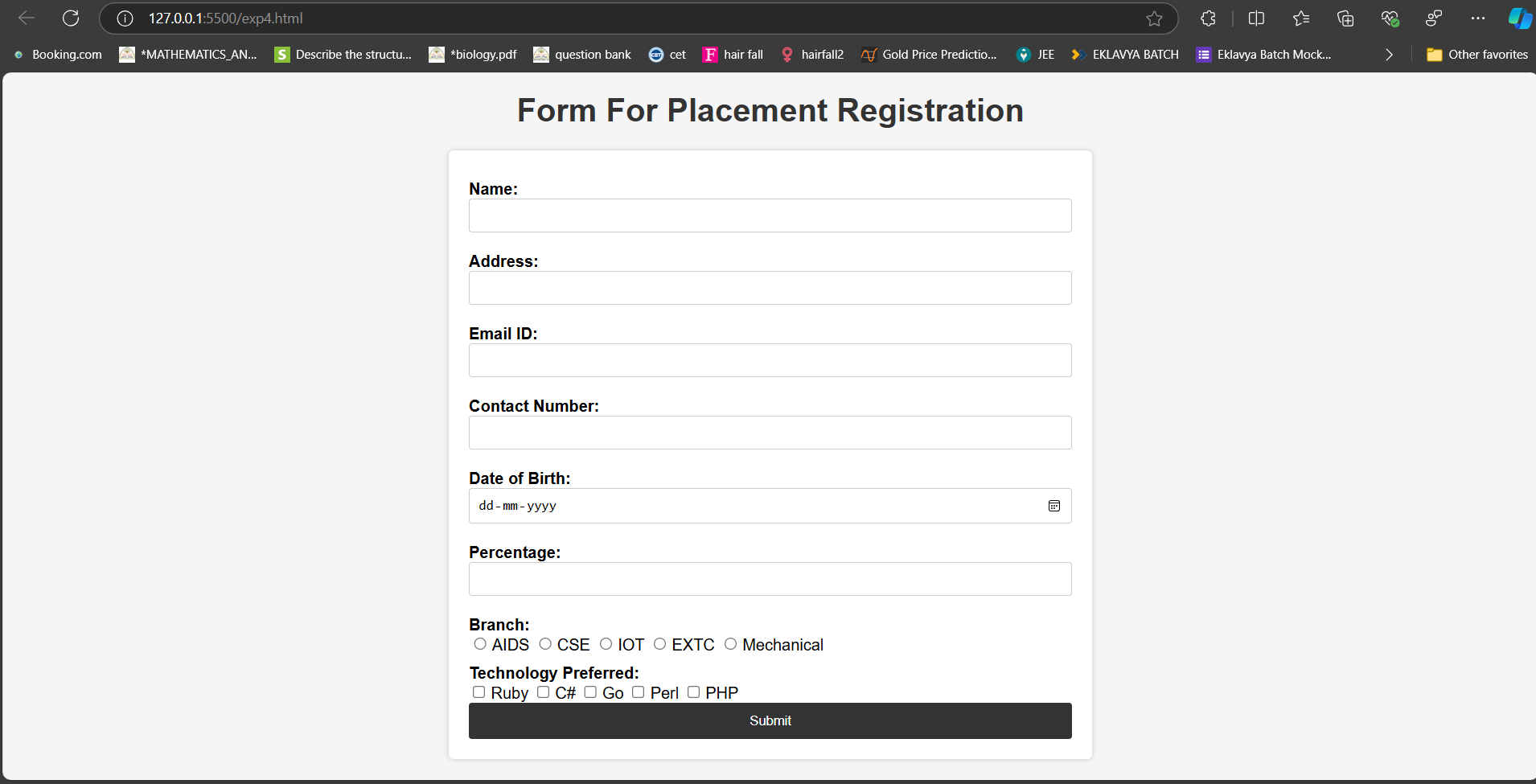
**form {**

**padding: 15px;**

**}**

**}**

**OUTPUT:**

****