

PROBLEM STATEMENT1 (for odd number SRNs):

Create a PES Students Re-evaluation request template using HTML Tags, H2, P, anchor tag, Table (caption, th, tr, td), images, forms and list.

The re-evaluation form should contain Name, SRN , Subject for which they would apply for re-evaluation , date of request and other details of the student. The form should contain a checkbox confirming that all the details are appropriate .

The webpage should display

- I. Form should be created inside a table
- II. Form consisting of multiple fields which should include
 - A. Textboxes
 - B. Labels
 - C. Radio buttons
 - D. Checkboxes
 - E. Dropdowns
- III. Use external CSS for styling the webpage
 - A. apply background color to the page.
- IV. Add a PESU logo at top center of the page using image tag
- v. Validate the form fields using input properties
 - A. All the fields in the form are required.
 - B. Email should be in proper format
 - C. Mobile number field should consist only digits
 - D. Reset button to be there to reset all the fields.
- vi. Make use of a function for on submit button click, using JavaScript to display “Successfully submitted” alert message.
- vii. Use reset button to clear all fields.

Index.html CODE :

```
<!DOCTYPE html>
<html>
  <head>
    <title>PES Students Re-evaluation Request</title>
    <link rel="stylesheet" href="style.css">
  </head>
  <body>
    <h2>PES Students Re-evaluation Request</h2>
    
    <form id="ReEvaluationForm">
      <table>
        <tr>
          <td><label>Name : </label></td>
          <td><input type="text" id="name" required></td>
        </tr>
        <tr>
          <td><label>SRN:</label></td>
          <td><input type="text" id="srn" required></td>
        </tr>
        <tr>
          <td><label>Subject for Re-evaluation:</label></td>
          <td><input type="text" id="subject" name="subject"
required></td>
        </tr>
        <tr>
          <td><label for="date">Date of Request:</label></td>
          <td><input type="date" id="date" name="date"
required></td>
        </tr>
        <tr>
          <td><label>Contact Number :</label></td>
          <td>
            <input type="number" id="number" required>
          </td>
        </tr>
        <tr>
          <td><label>Email :</label></td>
          <td>
            <input type="email" id="email" required>
          </td>
        </tr>
        <tr>
          <td><label>Confirmation:</label></td>
          <td><input type="checkbox" id="confirmation"
name="confirmation" required> I confirm that all details are appropriate.</td>
        </tr>
      </table>
    </form>
  </body>
</html>
```

```

        </table>
        <br>
        <input type="submit" value="Submit">
        <input type="reset" value="Reset">
    </form>
    <script>
        document.getElementById("reEvaluationForm").addEventListener("submit", function(event) {
            alert("Successfully submitted");
            document.getElementById("reEvaluationForm").reset();
        });
    </script>
</body>
</html>

```

Style.css CODE :

```


body {
    background-color: #f0f0f0;
    font-family: Arial, sans-serif;
    text-align: center;
    margin: 0px;
    padding: 0px;
}
h2 {
    color: #333;
    margin-top: 20px;
}
table {
    margin: 0px auto;
    background-color: #fff;
    padding: 20px;
    border-radius: 10px;
    box-shadow: 0 0 10px rgba(0, 0, 0, 0.2);
}
#logo {
    width: 150px;
    display: block;
    margin: 0 auto;
}
form {
    margin-top: 20px;
}
label {
    font-weight: bold;
}

```

```
}
input[type="text"],
input[type="date"],
input[type="email"],
input[type="number"]
{
    width: 100%;
    padding: 10px;
    margin: 5px 0px;
    border: 1px solid #ccc;
    border-radius: 10px;
}
input[type="checkbox"]
{
    margin-left: 5px;
}
input[type="submit"],
input[type="reset"]
{
    padding: 10px 20px;
    background-color: #007bff;
    color: #fff;
    border: none;
    border-radius: 5px;
    cursor: pointer;
    margin-top: 10px;
}
input[type="submit"]:hover,
input[type="reset"]:hover
{
    background-color: #0056b3;
}
.alert
{
    background-color: #4CAF50;
    color: white;
    padding: 10px;
    margin-top: 10px;
    display: none;
}
.error
{
    background-color: #f44336;
}
```

OUTPUT SCREENSHOT :


PES Students Re-evaluation Request



Name :

SRN:

Subject for Re-evaluation:


Date of Request: 

Contact Number :


Email :

Confirmation: ☐ I confirm that all details are appropriate.

Name :

SRN:  Please fill out this field.

Subject for Re-evaluation:

Date of Request: 

Contact Number :

Email :

Confirmation: ☐ I confirm that all details are appropriate.

Name :

SRN:

Subject for Re-evaluation:

Date of Request:

dd-mm-yyyy

Contact Number :

Email :

Confirmation:

appropriate.

S

September, 2023

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Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Clear

Today