File name : validation.js

```javascript
function validation() {
var un= document.myform.uname;
var pswd= document.myform.pwd;
var fn= document.myform.fname;
var ln= document.myform.lname;
var fa= document.myform.faname;
var adr= document.myform.add;
var phone= document.myform.phno;
var gend1= document.myform.gender[0];
var gend2= document.myform.gender[1];
var ctry= document.myform.country;
var cty= document.myform.city;
var h1= document.myform.hob1;
var h2= document.myform.hob2;
var h3= document.myform.hob3;
var h4= document.myform.hob4;
var qual=document.myform.qualification;
```

```javascript
var st=document.myform.state;

if ( un.value==""|| un.value==null)

{
window.alert("please enter the user name.");
un.focus();
return false;
}

if ( pswd.value==""|| pswd.value==null)
{
alert("please enter the password.");
pswd.focus();
return false;
}

if ( fn.value=="" ||fn.value==null)
{
```

```
alert("please enter the first name.");

fn.focus();

return false;

}

if ( ln.value==""||ln.value==null)

{

alert("please enter the last name.");

ln.focus();

return false;

}

if ( fa.value==""||fa.value==null)

{

alert("please enter the father's name.");

fa.focus();

return false;

}

if ( ( gend1.checked == false )&&( gend2.checked == false ) )

{
```

```
alert ( "Please choose your Gender: Male or
Female" );

gend1.focus();

return false;

}

if ( adr.value==""||adr.value==null)

{

alert("please enter the address.");

adr.focus();

return false;

}

if ( ctry.selectedIndex=="0")

{

alert("please choose the country.");

ctry.focus();

return false;

}

if ( st.selectedIndex=="0")

{
```

```javascript
alert("please choose the state.");

st.focus();

return false;

}

if ( cty.selectedIndex=="0")

{

alert("please choose the city.");

cty.focus();

return false;

}

if ( phone.value==""||phone.value==null)

{

alert("please enter the phone number.");

phone.focus();

return false;

}

if(isNaN(phone.value)){

alert("phone number should be a number");
```

```
phone.focus();

return false;

}


if((phone.value.length >10) ||
(phone.value.length<10)){

alert("phone number should be 10 digit");

phone.focus();

return false;

}




if ( qual.selectedIndex=="0")

{

alert("please choose the qualification.");

qual.focus();

return false;

}
```

```
if((h1.checked==false)&&( h2.checked == false
)&&( h3.checked == false ) &&(h4.checked ==
false ))

{

alert("select atleast one hobby.");

h1.focus();

return false;

}


alert("Form Successfully Submitted!!!!!");

return true;

}
// JavaScript Document
```

File name : validation.php

```
<html>
```

```html
<head>
<title> REGISTRATION FORM </TITLE>

<script src="validation.js"></script>

</head>
<body bgcolor="GOLDENROD">
<h2 align="center"> USER REGISTRATION FORM </h2>
<form name="myform" action="">
<table align="center" border="0">

<tr><td>USER NAME</td><td><input type="text" name="uname" id="uname" maxlength="13"></td></tr>

<tr><td>PASSWORD</td><td><input type="password" name="pwd" maxlength="8"></td></tr>
```

```html
<tr><td>FIRST NAME</td><td><input type="text" name="fname"maxlength="8"></td></tr>
<tr><td>LAST NAME</td><td><input type="text" name="lname"maxlength="8"></td></tr>
<tr><td>FATHER'S NAME:</td><td><input type="text" name="faname" maxlength="13"></td></tr>
<tr><td>GENDER</td>
<td><input type="radio" name="gender" >MALE  
<input type="radio" name="gender" >FEMALE
</td>
</tr>
<tr><td>ADDRESS</td><td><textarea name="add" rows="3" cols="40"></textarea></td></tr>
<tr><td>COUNTRY</td><td><select name="country" size="1">
<option value>-- select country--</option>
<option value="INDIA"> INDIA </option>
```

```html
<option value="SRILANKA"> SRILANKA </option>
</select>
</td>
</tr>
<tr><td>STATE</td><td>
<select name="state" size="1">
<option value="">--select state--</option>
<option value="TAMILNADU">TAMILNADU </option>
<option value="KERALA"> KERALA</option>
</select>
</td>
</tr>
<tr><td>CITY</td>
<td>
<select name="city" size="1">
<option value="">--select city--</option>
<option value="ERODE"> ERODE</option>
<option value="SALEM"> SALEM</option>
```

```html
<option value="TIRUPUR"> TIRUPUR</option>

</select>

</td>

</tr>

<tr><td>PHONE NO</td><td>

<input type="text" name="phno" maxlength="10">

</td></tr>

<tr><td>QUALIFICATION</td>

<td><select name="qualification" size="1">

<option value="">--select qualification--</option>

<option value="BCA"> BCA</option>

<option value="BE"> BE</option>

<option value="MBA"> MBA</option>

<option value="MCA"> MCA</option>

</select>

</td>

</tr>

<tr><td>HOBBIES</td>
```

```html
<td><input type="checkbox" name="hob1" >READING  

<input type="checkbox" name="hob2" >LISTENING MUSIC  

<input type="checkbox" name="hob3" >SLEEPING  

<input type="checkbox" name="hob4" >BROWSING<br> <br>

<input type="submit" value="SUBMIT" onClick="return validation();">   

<input type="reset" value="CLEAR" >

</td>

</tr>

</table>

</form>

</body>

</html>
```