Validation part;

<!DOCTYPE html>

<html>

<head lang=*"en"*>

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

<script type=*"text/javascript"* src=*"javascript.js"*></script>

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

</head>

<body>

<form >

<h1>DONOR REGISTRATION</h1>

Name: <input type=*"text"* id=*"nm"* name=*"name"* pattern=*"[A-Za-z]{0,17}"* title=*"Only alphabets are allowed"*> <br>

Address: <input type=*"text"* name=*"address"* id=*"ad"*><br>

MailId : <input type=*"text"* name=*"mailid"* pattern=*"[a-z0-9.\_%+-]+@[a-z.-]+\.[a-z]{3,}$"* title=*"Enter valid Email ID"* id=*"mid"*><br>

MobileNumber:<input type=*"text"* name=*"mobilenumber"* pattern=*"[0-9]{10}"* title=*"Enter the valid mobile number"* id=*"mn"*><br>

City: <input type=*"text"* name=*"city"* pattern=*"[A-Za-z]{0,17}"* title=*"Enter your City"* id=*"ct"*><br>

State: <input type=*"text"* name=*"state"* pattern=*"[A-Za-z]{0,17}"* title=*"Enter your State"* id=*"st"*><br>

Pincode: <input type=*"text"* name=*"pincode"* pattern=*"[0-9]{6}"* title=*"Enter the valid pincode"* id=*"pc"*><br>

BloodGroup: <input type=*"text"* name=*"bloodgroup"* id=*"bg"*><br>

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

<button type=*"button"* onclick="showInput()">Print</button>

</form>

<script>

**function** showInput() {

document.getElementById('display').innerHTML = document.getElementById("nm").value;

document.getElementById('display1').innerHTML = document.getElementById("ad").value;

document.getElementById('display2').innerHTML = document.getElementById("mid").value;

document.getElementById('display3').innerHTML = document.getElementById("mn").value;

document.getElementById('display4').innerHTML = document.getElementById("ct").value;

document.getElementById('display5').innerHTML = document.getElementById("st").value;

document.getElementById('display6').innerHTML = document.getElementById("pc").value;

document.getElementById('display7').innerHTML = document.getElementById("bg").value;

}

</script>

<h2>Successfully Registered</h2><br>

Name: <p><span id=*'display'*></span></p>

Address: <p><span id=*'display1'*></span></p>

MailId: <p><span id=*'display2'*></span></p>

MobileNumber: <p><span id=*'display3'*></span></p>

City: <p><span id=*'display4'*></span></p>

State: <p><span id=*'display5'*></span></p>

Pincode: <p><span id=*'display6'*></span></p>

BloodGroup: <p><span id=*'display7'*></span></p>

</body>

</html>

Css;

**ul** {list-style-type:*none*;}

**form**{

background-color: *pink*;

}