

Student Information Form

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<!DOCTYPE html>
<html>

<head>
    <title>Student Information Form</title>
    <script>
        function validateForm() {
            var name = document.forms["myForm"]["name"].value;
            var address = document.forms["myForm"]["address"].value;
            var city = document.forms["myForm"]["city"].value;
            var state = document.forms["myForm"]["state"].value;
            var gender = document.forms["myForm"]["gender"].value;
            var mobile = document.forms["myForm"]["mobile"].value;
            var email = document.forms["myForm"]["email"].value;

            if (name == "" || address == "" || city == "" || state == "" || gender == "" || mobile ==
                "" || email == "") {
                alert("Please fill out all fields.");
                return false;
            }

            var nameRegex = /^[A-Za-z\s]+$/;
            if (!name.match(nameRegex)) {
                alert("Invalid Name.");
                return false;
            }

            var mobileRegex = /^\d{10}$/;
            if (!mobile.match(mobileRegex)) {
                alert("Invalid Mobile Number.");
                return false;
            }

            var emailRegex = /^[a-zA-Z0-9._-]+@[a-zA-Z0-9.-]+\.[a-zA-Z]{2,4}$/;
            if (!email.match(emailRegex)) {
                alert("Invalid Email ID.");
                return false;
            }

            alert("Congratulation and Welcome!");
            return true;
        }
    </script>
</head>

<body>
    <form name="myForm" action="/submit_form" onsubmit="return validateForm()"
method="post">
        <label for="name">Name:</label><br>
        <input type="text" id="name" name="name"><br>
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<label for="address">Address:</label><br>
<input type="text" id="address" name="address"><br>
<label for="city">City:</label><br>
<input type="text" id="city" name="city"><br>
<label for="state">State:</label><br>
<input type="text" id="state" name="state"><br>
<label for="gender">Gender:</label><br>
<input type="text" id="gender" name="gender"><br>
<label for="mobile">Mobile Number:</label><br>
<input type="text" id="mobile" name="mobile"><br>
<label for="email">Email ID:</label><br>
<input type="text" id="email" name="email"><br>
<input type="submit" value="Submit">
</form>
</body>

</html>
```

