National Institute of Technology, Tiruchirappalli



Department of Computer Applications

Web Technology and its Applications Lab External Exam

Submitted to: Submitted by:

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205120007

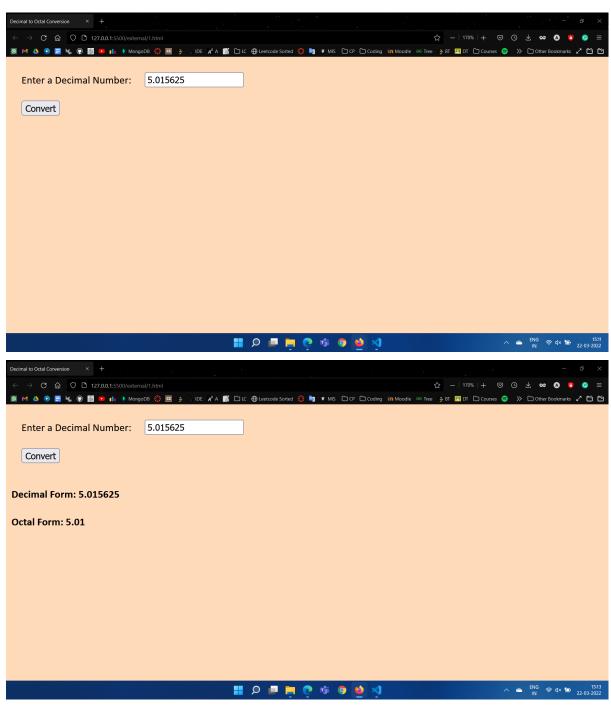
MCA – 2nd Year

1. Write a JavaScript program to convert a fractional decimal number (5.015625) to an octal number (5.01).

```
<!DOCTYPE html>
<html lang="en">
<head>
 <title>Decimal to Octal Conversion</title>
 <style>
   body{
     background-color: peachpuff;
MS', sans-serif;
 </style>
</head>
<body>
     Enter a Decimal Number:
         <input type="text" name="decimal"/>
       <input type="button" id="convert" value="Convert"/>
```

```
</form>
 <div>
   <div id="result"></div>
 </div>
</body>
<script>
 function decimalToOctal(decimal) {
   const octal = decimal.toString(8);
   return octal;
 document.getElementById("convert").onclick = function () {
   const decimal = document.getElementsByName("decimal")[0].value;
   const octal = decimalToOctal(decimal);
   document.getElementById("result").innerHTML =
   "<h4><span>Decimal Form: </span>" + decimal + "</h4>" +
"<h4><span>Octal Form: </span>" + octal + "</h4>";
</script>
```





2. Print the following pattern by using PHP.

******** *** *** ** **

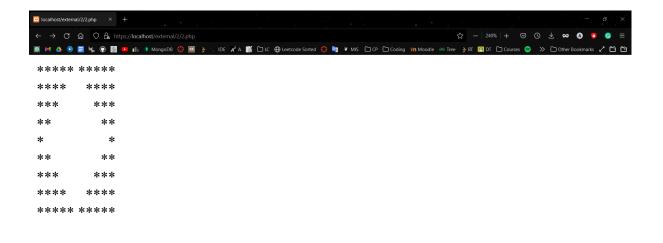
```
* * *

** **

*** ***

**** ****
```

```
<?php {
         echo ("*");
       for ($j = 0; $j <= $i; $j++) {
         echo " ";
         echo "      ";
         echo ("*");
   for (\$i = \$num - 1; \$i > 0; \$i--) {
       for (\$j = 0; \$j < \$i; \$j++) {
         echo " ";
       for (\$s = \$i - 1; \$s > 0; \$s--) {
         echo "    %nbsp;";
         echo ("*");
```



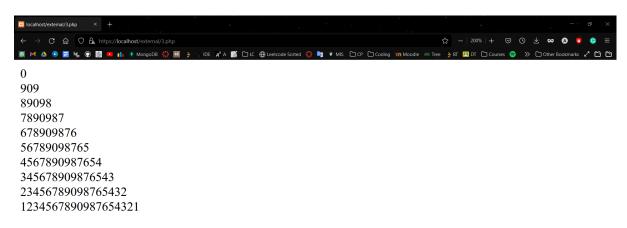


3. Print the following number pattern by using PHP.

```
$count++;
}

}
echo '0';
$count = 0;
for (--$j; $j >= 1; $j--) {

    if ($count < $i - 1) {
        echo $j;
        $count++;
    }
}
echo "<br>;
}
```





4. Print the following alphabet pattern by using javascript.

EEEEEEEE

EDDDDDDDE

EDCCCCDE

EDCBBBCDE

EDCBABCDE

EDCBBBCDE

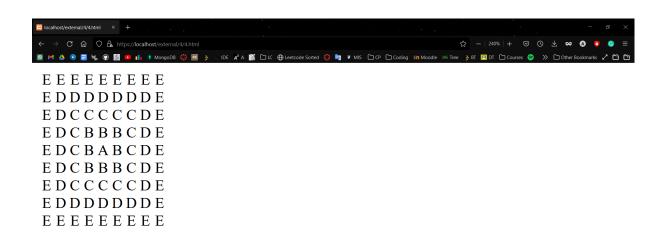
EDCCCCCDE

EDDDDDDDE

EEEEEEEE

```
<!DOCTYPE html>
<html>
<head>
   <style>
           display: inline-block;
   </style>
</head>
<body>
    <script>
```

```
document.write("<div>" + String.fromCharCode(j) +
"</div>");
                   document.write("<div>" + String.fromCharCode(i) +
"</div>");
           for (j = 66; j <= k; j++) {
               if (j > i)
                   document.write("<div>" + String.fromCharCode(j) +
"</div>");
                  document.write("<div>" + String.fromCharCode(i) +
"</div>");
           document.write("<br>");
           for (j = k; j \ge 65; j--) {
               if (j > i)
                   document.write("<div>" + String.fromCharCode(j) +
"</div>");
                  document.write("<div>" + String.fromCharCode(i) +
           for (j = 66; j <= k; j++) {
```





5. REGISTRATION PAGE:

Create a "registration form "with the following fields

- 1) Name (Text field)
- 2) Password (password field)
- 3) E-mail id (text field)
- 4) Phone number (text field)
- 5) Sex (radio button)
- 6) Date of birth (3 select boxes)
- 7) Languages known (checkboxes English, Telugu, Hindi, Tamil)
- 8) Address (text area)

```
<html>
   <title>Registration Page</title>
   <style>
        font-family:'Gill Sans', 'Gill Sans MT', Calibri, 'Trebuchet
MS', sans-serif;
     body {
      background-color: yellow;
     h3{
         background-color: greenyellow;
         padding: 20px;
```

```
background-color: greenyellow;
      padding: 10px;
      font-weight: 700;
  </style>
 </head>
 <body>
    <h3 align="center">REGISTRATION FORM</h3>
    <form name="f1" action="" method="post" onsubmit="">
          <br>
           Name :
            <input type="text" size="30" name="name" />
           Password :
            <input type="password" size="30" name="pass"
/>
```

```
E-mail ID :
              <input type="text" size="30" name="email" />
             Phone Number :
              <input type="text" size="15" name="phone" />
             Gender :
                <input type="radio" name="sex" value="male"</pre>
/>Male<br>
                <input type="radio" name="sex" value="female"</pre>
/>Female<br>
               <input type="radio" name="sex" value="other"</pre>
/>Other<br>
              Date of Birth :
                 <option value="day">Day</option>
                 <option value="1">1</option>
```

```
<option value="2">2</option>
<option value="3">3</option>
<option value="4">4</option>
<option value="5">5</option>
<option value="6">6</option>
<option value="7">7</option>
<option value="8">8</option>
<option value="9">9</option>
<option value="10">10</option>
<option value="11">11</option>
<option value="12">12</option>
<option value="13">13</option>
<option value="14">14</option>
<option value="16">16</option>
<option value="17">17</option>
<option value="18">18</option>
<option value="19">19</option>
<option value="20">20</option>
<option value="21">21</option>
<option value="22">22</option>
<option value="23">23</option>
<option value="24">24</option>
<option value="25">25</option>
<option value="26">26</option>
```

```
<option value="27">27</option>
  <option value="28">28</option>
  <option value="29">29</option>
  <option value="30">30</option>
 <option value="31">31</option>
</select>
<select name="month">
  <option value="month">Month</option>
  <option value="jan">January</option>
  <option value="feb">February</option>
  <option value="mar">March</option>
  <option value="apr">April</option>
  <option value="may">May</option>
  <option value="jun">June</option>
  <option value="jul">July</option>
  <option value="aug">August</option>
  <option value="sep">September</option>
  <option value="oct">October</option>
  <option value="nov">November</option>
  <option value="dec">December</option>
</select>
<select name="year">
 <option value="year">Year</option>
  <option value="1986">1986</option>
  <option value="1987">1987</option>
```

```
<option value="1988">1988</option>
<option value="1989">1989</option>
<option value="1990">1990</option>
<option value="1991">1991</option>
<option value="1992">1992</option>
<option value="1993">1993</option>
<option value="1994">1994</option>
<option value="1995">1995</option>
<option value="1996">1996</option>
<option value="1997">1997</option>
<option value="1998">1998</option>
<option value="1999">1999</option>
<option value="2000">2000</option>
<option value="2001">2001</option>
<option value="2002">2002</option>
<option value="2003">2003</option>
<option value="2004">2004</option>
<option value="2005">2005</option>
<option value="2006">2006</option>
<option value="2007">2007</option>
<option value="2008">2008</option>
<option value="2009">2009</option>
<option value="2010">2010</option>
<option value="2011">1980</option>
<option value="2012">1981</option>
```

```
<option value="2013">1982</option>
                    <option value="2014">1983</option>
                  </select>
                Languages known :
                  <input type="checkbox" value="eng" name="lang"</pre>
/>English<br>
                  <input type="checkbox" value="tel" name="lang"</pre>
/>Telegu<br>
                  <input type="checkbox" value="hin" name="lang"</pre>
/>Hindi<br>
                 <input type="checkbox" value="tam" name="lang"</pre>
/>Tamil<br>
                Address :
                <textarea name="addr" cols="25"
rows="5"></textarea>
              <input class="button" type="submit" value="SUBMIT"</pre>
```

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REGISTRATION FORM		
	Name :	
	Password :	
	E-mail ID :	
	Phone Number :	
	Gender :	• Male • Female • Other
	Date of Birth :	Day V Month V Year V
	Languages known :	English □ Felegu □ Hindi □ Tamil
	Address :	
		SUBMIT
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