**WEB DEVLOPMENT ASSIGNMENT - 7**

Name : Ashutosh Farswan

Roll: 20

Section: DS

Q1. Design and validate a form .

Name : Alphabatic.

Email: [xxxxxx@gmail.com](mailto:xxxxxx@gmail.com)

Phone No : +91 xxxxxxxxxx

Aadhar Number : xxxx xxxx xxxx xxxx

Pincode : 6 digit number.

<html>

<head>

<script>

function checkname(){

var name = document.getElementById("name");

var n = /^[a-zA-Z][a-zA-Z ]+/;

if(n.test(name.value)){

return true;

}

else{

alert("Input Valid name.");

name.value="";

name.focus();

return false;

}

}

function checkemail(){

var email = document.getElementById("eid");

var e = /^[a-zA-Z0-9]+@gmail.com$/;

if(e.test(email.value)){

return true;

}

else{

alert("Input Valid Email.");

email.value="";

email.focus();

return false;

}

}

function checkpno(){

var pno = document.getElementById("pno");

var po = /^\+91[ -][0-9]{10}$/;

if(po.test(pno.value)){

return true;

}

else{

alert("Moblie no format: +91 xxxxxxxxxx");

pno.value="";

ano.focus();

return false;

}

}

function checkano(){

var ano = document.getElementById("ano");

var a = /^\d{4}[ -]\d{4}[ -]\d{4}[ -]\d{4}$/;

if(a.test(ano.value)){

return true;

}

else{

alert("Input Valid adhar number. Format: xxxx xxxx xxxx xxxx");

ano.value="";

ano.focus();

return false;

}

}

function checkpin(){

var pc = /^[0-9]\d{5}$/;

var pin = document.getElementById("p");

if(pc.test(pin.value)){

return true;

}

else{

alert("Input 6 digit pin code.");

pin.value="";

pin.focus();

return false;

}

}

function validate(){

if(checkname() && checkemail() && checkpno() && checkano() && checkpin()){

alert("Submitted");

return true;

}

else

return false;

}

</script>

</head>

<body>

<form name="f1" onsubmit="return validate()">

<table cellspacing="2" align="centre" cellpadding="2">

<tr> <td> Name:</td> <td> <input type="text" id="name" name="fname"></td> </tr>

<tr> <td> Email&nbsp;Id:</td>> <td> <input type="text" name="eid" id="eid"></td> </tr>

<tr> <td> Phone&nbsp;no:</td> <td> <input type="text" name="pno" id="pno"> </td></tr>

<tr> <td> Adhar&nbsp;no:</td> <td> <input type="text" name="ano" id="ano"> </td></tr>

<tr> <td> Pincode:</td> <td> <input type="text" name="p" id="p"> </td></tr>

<tr colspan="2"> <td><input type="submit" name="Submit" ></td>> </tr>

</table>

</form>

</body>

</html>

**OUTPUT:**

