**REGISTER:**

<html>

<head>

<script>

function election()

{

var name = document.forms["RegForm"]["Name"];

var dob = document.forms["RegForm"]["Date Of Birth"];

var email = document.forms["RegForm"]["EMail"];

var Password = document.forms["RegForm"]["Password"];

var Address = document.forms["RegForm"]["Address"];

var Mobilenumber = document.forms["RegForm"]["Mobilenumber"];

if (name.value == "")

{

window.alert("Please enter your name.");

name.focus();

return false;

}

if (Address.value == "")

{

window.alert("Please enter your address.");

name.focus();

return false;

}

if (email.value == "")

{

window.alert("Please enter a valid e-mail address.");

email.focus();

return false;

}

if (email.value.indexOf("@", 0) < 0)

{

window.alert("Please enter a valid e-mail address.");

email.focus();

return false;

}

if (email.value.indexOf(".", 0) < 0)

{

window.alert("Please enter a valid e-mail address.");

email.focus();

return false;

}

if (Mobilenumber.value == "")

{

window.alert("Please enter your mobile number.");

Mobilenumber.focus();

return false;

}

if (Password.value == "")

{

window.alert("Please enter your password");

Password.focus();

return false;

}

if (dob.selectedIndex < 1)

{

alert("Please enter your dob.");

what.focus();

return false;

}

return true;

}</script>

<style>

spectacles {

margin-left: 70px;

font-weight: bold ;

width: 100px;

text-align: left;

border-top:400px;

margin-right: 10px;

font-family:sans-serif,bold, Arial, Helvetica;

font-size:14px;

}

div {

box-sizing: border-box;

width: 100%;

border: 100px solid orange;

float: center;

align-content: center;

align-items: center;

}

body{

font-size:25;

color:cyan;

background:url("vote.jpeg");

background-size: 1000px;

background-attachment:fixed;

}

.GENERAL INFO{

background: grey;

width:50%;

padding:40px;

margin:100px auto;

font-family:sans-serif;

}

form {

margin: 0 auto;

width: 400px;

}</style></head>

<body>

<div class="GENERAL INFO">

<h1 style="text-align: center"><i> GENERAL INFO</i></h1>

<form name="RegForm" action="page3.html" onsubmit="return election()" method="post">

<p>Name: <input type="text" size=30 name="Name"> </p><br>

<p>Date Of Birth

<select type="text" name="date">

<option selected="selected" ></option>

<option>1</option>

<option>2</option>

<option>3</option>

<option>4</option>

<option>5</option>

<option>6</option>

<option>7</option>

<option>8</option>

<option>9</option>

<option>10</option>

<option>11</option>

<option>12</option>

<option>13</option>

<option>14</option>

<option>15</option>

<option>16</option>

<option>17</option>

<option>18</option>

<option>19</option>

<option>20</option>

<option>21</option>

<option>22</option>

<option>23</option>

<option>24</option>

<option>25</option>

<option>26</option>

<option>27</option>

<option>28</option>

<option>29</option>

<option>30</option>

<option>31</option>

</select>

<select type="text" name="month">

<option selected="selected" ></option>

<option>1</option>

<option>2</option>

<option>3</option>

<option>4</option>

<option>5</option>

<option>6</option>

<option>7</option>

<option>8</option>

<option>9</option>

<option>10</option>

<option>11</option>

<option>12</option>

</select>

<select type="text" name="year">

<option selected="selected" ></option>

<option>1990</option>

<option>1991</option>

<option>1992</option>

<option>1993</option>

<option>1994</option>

<option>1995</option>

<option>1996</option>

<option>1997</option>

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<option>2007</option>

<option>2008</option>

<option>2009</option>

<option>2010</option>

<option>2011</option>

<option>2012</option>

<option>2013</option>

<option>2014</option>

<option>2015</option>

<option>2016</option>

<option>2017</option>

<option>2018</option>

<option>2019</option>

<option>2020</option>

<option>2021</option>

<option>2022</option>

</select></p><br><br>

<p>Email : <input type="text" size=30 name="EMail"> </p><br>

<p>Password : <input type="text" size=30 name="Password" maxlength=6> </p><br>

<p> Address : <input type="text" size=30 name="Address"> </p><br>

<p>Mobilenumber: <input type="text" size=30 name="Mobilenumber" maxlength=10> </p><br>

<p><input type="submit" value="REGISTER" name="Submit">

<input type="reset" value="RESET" name="Reset">

</p>

</form>

</div>

</body>

</html>