WEEK 05 ASSIGNMENT

- **Write JavaScript to validate the following fields of the Registration page.**
- A a) Name (The name must contain letters, and its length must be at least 6 characters.).
- **b** Password (Password length must be at least 6 characters.).
- c) E-mail address (should not contain invalid characters and must adhere to the standard format name@domain.com)
- Mobile Number (Phone number must contain 10 digits only).
 Last Name and Address (Cannot be Empty)

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◆ assignment 5.html > ♦ html > ♦ head > ♦ style > ♦ .form-group button:hover
      <!DOCTYPE html>
      <html lang="en">
          <meta charset="UTF-8">
          <meta name="viewport" content="width=device-width, initial-scale=1.0">
          <title>Registration Form</title>
              body {
                  font-family: Arial, sans-serif;
                  display: flex;
                  justify-content: center;
                  align-items: center;
                  height: 100vh;
                  background-color: ■rgb(14, 158, 194);
                  margin: 0;
              .form-container {
                  background-color: ■ gray;
                  padding: 20px;
                  border-radius: 8px;
                  box-shadow: 0 4px 8px □rgba(0, 0, 0, 0.2);
                  max-width: 400px;
                  width: 100%;
              .form-container h2 {
                  text-align: center;
                  margin-bottom: 20px;
              .form-group {
                  margin-bottom: 15px;
              .form-group label {
                  display: block;
                  font-weight: bold;
                  margin-bottom: 5px;
              .form-group input {
                  width: 100%;
                  padding: 8px;
                  border: 1px solid ■#ddd;
                  border-radius: 4px;
                  box-sizing: border-box;
```

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◆ assignment 5.html > ♦ html > ♦ head > ♦ style > ♦ form-group button:hover
      <html lang="en">
              .form-group input {
                  border: 1px solid ■#ddd;
                  border-radius: 4px;
                  box-sizing: border-box;
              .form-group input:focus {
                  border-color: ■#007bff;
                  outline: none;
              .form-group button {
                  width: 100%;
                  padding: 10px;
                  background-color: #e9f013;
                  border: none;
                  color: □rgb(63, 15, 122);
                  font-size: 16px;
                  border-radius: 4px;
                  cursor: pointer;
              .form-group button:hover {
                  background-color: ##edf6d8;
59
      <div class="form-container">
          <h2>Registration Form</h2>
          <form onsubmit="return validateForm()">
              <div class="form-group">
                  <label for="name">Name</label>
                  <input type="text" id="name" placeholder="Enter your name">
              </div>
              <div class="form-group">
                  <label for="password">Password</label>
                  <input type="password" id="password" placeholder="Enter your password">
              </div>
              <div class="form-group">
                  <label for="email">Email Address</label>
                  <input type="email" id="email" placeholder="Enter your email">
```

```
◆ assignment 5.html > ♦ html > ♦ head > ♦ style > ♦ .form-group button:hover

     <html lang="en">
      <div class="form-container">
          <form onsubmit="return validateForm()">
              <div class="form-group">
                  <label for="email">Email Address</label>
                  <input type="email" id="email" placeholder="Enter your email">
              </div>
              <div class="form-group">
                  <label for="mobile">Mobile Number</label>
                  <input type="text" id="mobile" placeholder="Enter your mobile number">
              </div>
              <div class="form-group">
                  <label for="lastName">Last Name</label>
                  <input type="text" id="lastName" placeholder="Enter your last name">
              <div class="form-group">
                  <label for="address">Address</label>
                  <input type="text" id="address" placeholder="Enter your address">
              </div>
              <div class="form-group">
                  <button type="submit">Submit
              </div>
          </form>
      </div>
      <script>
          function validateForm() {
              let name = document.getElementById("name").value;
              let password = document.getElementById("password").value;
              let email = document.getElementById("email").value;
              let mobile = document.getElementById("mobile").value;
              let lastName = document.getElementById("lastName").value;
              let address = document.getElementById("address").value;
              let namePattern = /^[A-Za-z]{6,};
              if (!namePattern.test(name)) {
                  alert("Name must contain only letters and be at least 6 characters long.");
                  return false;
              if (password.length < 6)
                  alert("Password must be at least 6 characters long.");
```

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◇ assignment 5.html > � html > � head > � style > ✿ .form-group button:hover
      <html lang="en">
      <script>
          function validateForm() {
              if (password.length < 6) {
                  alert("Password must be at least 6 characters long.");
                  return false;
              let emailPattern = /^[a-zA-Z0-9._%+-]+@[a-zA-Z0-9.-]+\.[a-zA-Z]{2,}$/;
              if (!emailPattern.test(email)) {
                  alert("Please enter a valid email address.");
                  return false;
              let mobilePattern = /^\d{10}$/;
              if (!mobilePattern.test(mobile)) {
                  alert("Mobile number must contain exactly 10 digits.");
              if (lastName.trim() === "" || address.trim() === "") {
                  alert("Last Name and Address cannot be empty.");
                  return false;
              alert("Form submitted successfully!");
              return true;
      </body>
```

Registration Form

Name

Divyansh

Last Name

Pathak

Password

•••••

Email Address

divyanshkld899@gmail.com

Mobile Number

9045386336

Address

15, Neelkanth residency, Bulandshahr

Submit