NAME: FAIZAN NAZIR

ARID NO: 19-ARID-5157

Assignment: 04

Registration Form Address:
Father Name:
Upload File/Image: Choose File No file chosen
DOB: mm/dd/yyyy 📋
Qualification: ssc 🗸
Institute/Board:
Passing Year:
Percentage: %
Hobbies: □Reading □Traveling □Sketching
Zip Code:
Submit

```
<!DOCTYPE html>
   <html lang="en">
        <meta charset="UTF-8">
        <meta http-equiv="X-UA-Compatible" content="IE=edge">
        <meta name="viewport" content="width=device-width, initial-scale=1.0">
        <title>Registration Form Validation</title>
        <link rel="stylesheet" href="form.css">
     <h1>NAME: FAIZAN NAZIR</h1>
      <h1>ARID NO: 19-ARID-5157</h1>
      <h1>Assignment: 04</h1>
        <form action="" method="post" onsubmit="return(validate())">
           <caption>Registration Form</caption>
            <div class="item" id="addressbox">
  <label for="address">Address:</label>
              <textarea name="address" id="address" cols="30"></textarea>
              <label for="father-name">Father Name:</label>
              <input type="text" id="father-name" >
            <div class="item">
             <label for="file-upload">Upload File/Image:</label>
              <input type="file" id="file-upload" >
            <div class="item">
             <label for="dob">DOB:</label>
              <input type="date" id="dob" >
              <label for="qualification">Qualification:</label>
              <select id="qualification"</pre>
                <option value="hssc">HSSC</option>
                <option value="bs">BS</option>
                 <option value="ms">MS</option>
                <option value="phd">PHD</option>
            <div class="item">
              <label for="institute">Institute/Board:</label>
              <input type="text" id="institute"</pre>
            <div class="item">
             <label for="passing-year">Passing Year:</label>
<input type="text" id="passing-year" >
              <label for="percentage">Percentage:</label>
              <input type="number" id="percentage" min="0" max="100"> <b>%</b>
              <label>Hobbies:</label>
              <input type="checkbox" id="reading" value="reading" >
              <label for="reading">Reading</label>
              <input type="checkbox" id="traveling" value="traveling">
              <label for="traveling">Traveling</label>
              <input type="checkbox" id="sketching" value="sketching">
              <label for="sketching">Sketching</label>
              <label for="zip-code">Zip Code:</label>
              <input type="text" id="zip-code" >
            <input type="submit" value="Submit">
```

```
width: 100%;
        height: 100%;
    #main
        display: flex;
       flex-direction: column;
        text-align: center;
        align-items: center;
        margin: 40px;
        background-color: lightgreen;
        display: flex;
        flex-direction: column;
        justify-content: center;
        text-align: center;
       align-items: center;
        width: 500px;
        padding: 30px;
        margin: 15px;
        margin-right: 20px;
38 input[type="text"],
    input[type="email"],
40 input[type="password"],
41 input[type="number"],
    input[type="file"],
43 input[type="date"]
44 {
45 width: 250px;
46 border-radius: 15px transparent;
47 margin-left: 5px;
48 padding-left: 5px;
49 text-overflow: hidden;
   input[type="submit"]
53 {
54 font-size: larger;
55 width: 150px;
56 border-radius: 25px;
57 text-align: center;
58 margin-bottom: 15px;
59 height: 50px;
60 background-color: blue;
   #hobbies
        display: flex;
        justify-content: space-around;
   #addressbox
        display: flex;
```

```
• • •
                         const address = document.querySelector("#address");
const fatherName = document.querySelector("#father-name");
const fatherName = document.querySelector("#father-name");
const fatherName = document.querySelector("father-upload");
const qualification = document.querySelector("qualification");
const qualification = document.querySelector("gualification");
const passingvar = document.querySelector("passing.year");
const percentage = document.querySelector("passing.year");
const hobbles = document.querySelector("percentage");
const hobbles = document.querySelector("['percentage');
const hobbles = document.querySelector("['percentage');
const passing = document.querySelector("['percentage');
c
                                      if (dob.value.trim()=== "" ) {
  alert("Please enter your DOB");
  dob.focus();
  return false;
                                                let hobbiesSelected = false;
hobbies.forEach(function (hobby) {
    if (hobby.checked) {
       hobbiesSelected = true;
    }
                                      });
if (!hobbiesSelected) {
   alert("please select at least one hobby");
   hobbies.Focus();
   return false;
                                   if (zipCode.value.trim() *** "" ||zipCode.value.trim().lengthc5 ) {
   alert("Please enter your zip code");
   ipCode.focus();
   return false;
134 if (!zipCode.
135 alert("Plea
136 zipCode.foc
137 return fal
138 }
139 return true;
140 }
```