SHARYAR KHAN

19-ARID-5253

Registration Form
Address:
Father Name:
Unload Eile/Imega
(127.0.0.1:5500
please provide you adress
ОК
Institute
Passing Year:
Percentage: \$\\$\\$\\$\\$
Hobbies: Reading Traveling Sketching
Zip Code:
Submit

SHARYAR KHAN

19-ARID-5253

Registration Form
Address: village <u>shinka tehsil hazro</u> dist <u>attock</u>
Father Name:
Unload Eile/Image
() 127.0.0.1:5500
please provide father name
ОК
Institute
Passing Year:
Percentage: \$\ \psi\$ %
Hobbies: Reading Traveling Sketching
Zip Code:
Submit

19-ARID-5253

Registration Form Address: sharyarkhansharyarkhansharyark
Father Name: asda
Upload File/Image: Browse chap4_slides.pdf
⊕ 127.0.0.1:5500 Form Data Validated Successfully!
Passing Year: 2002 V
Percentage: 6 %
Hobbies: 🗆 Reading 🗾 Traveling 🗆 Sketching
Zip Code: 25432
Submit

19-ARID-5253

Registration Form
Address: sharyarkhansharyarkhansharyark han
Father Name: asda
Upload File/Image: Browse chap4_slides.pdf
DOB: 01/13/2023 ©
Qualification: HSSC V
Institute BIIT V
Passing Year: 2002 v
Percentage: 6 %
Hobbies: 🗆 Reading 💆 Traveling 🗀 Sketching
Zip Code: 25432
Submit

```
    index.html >  html >  body

      <!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="style.css">
          <script src="form.js"></script>
      </head>
      <body>
11
          <div class="name">
        <h3>SHARYAR KHAN</h3>
        <h3>19-ARID-5253</h3>
        <h3>Assignment:4</h3>
      </div>
          <form action="" name ="myForm" 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>
              </div>
              <div class="item">
                <label for="fanme">Father Name:</label>
                <input type="text" id="fanme" name="fname" >
              </div>
              <div class="item">
                <label for="fle">Upload File/Image:</label>
29
                <input type="file" id="fle" name="fle" >
              </div>
              <div class="item">
                <label for="dob">DOB:</label>
                <input type="date" id="DOB" >
              </div>
              <div class="item">
```

```
style.css
               index.html X

    index.html > 
    html > 
    body

                <label for="qualification">Qualification:</label>
                <select id="qualification" name="degree" >
                  <option value=""></option>
                  <option value="ssc">SSC</option>
                  <option value="hssc">HSSC</option>
                  <option value="bs">BS</option>
42
                  <option value="ms">MS</option>
                  <option value="phd">PHD</option>
                </select>
              </div>
              <div class="item">
                <label for="institute">Institute</label>
                <select name="institute" id="inst">
                  <option value=""></option>
                  <option value=""></option>
                  <option value="BIMS">BIMS</option>
                  <option value="BIIT">BIIT</option>
                  <option value="NUST">NUST</option>
                  <option value="CUST">CUST</option>
                  <option value="KPI">KPI</option>
              </select>
              </div>
              <div class="item">
                <label for="passing-year">Passing Year:</label>
                <select name="year" id="yr">
                  <option value=""></option>
                  <option value="2000">2000</option>
                  <option value="2001">2001</option>
                  <option value="2001">2002</option>
                  <option value="2002">2002</option>
                  <option value="2003">2003</option>
70
                  <option value="...">....</option>
              </select>
71
```

```
    index.html >  html >  body

              </div>
72
              <div class="item">
                <label for="percentage">Percentage:</label>
                <input type="number" id="percentage" min="0" max="100"> <b>%</b>
75
              </div>
76
              <div class="item" id="hobbies">
                <label>Hobbies:</label>
78
                <input type="checkbox" id="reading" value="reading" >
79
                <label for="reading">Reading</label>
                <input type="checkbox" id="traveling" value="traveling">
                <label for="traveling">Traveling</label>
82
                <input type="checkbox" id="sketching" value="sketching">
                <label for="sketching">Sketching</label>
              </div>
              <div class="item">
                <label for="zip-code">Zip Code:</label>
                <input type="text" id="zip-code" name="zip">
              </div>
              <input type="submit" value="Submit">
            </form>
      <script src="./main(1).js"></script>
      </body>
      </html>
```

```
# style.css > ધ label
      body
      {
          width: 100%;
          height: 100%;
      form
      {
          margin: 40px;
          background-color: #abf;
          display: flex;
11
          flex-direction: column;
12
          justify-content: center;
13
          text-align: center;
14
          align-items: center;
15
          width: 600px;
          padding: 30px;
17
          border-radius: 30px;
19
      }
      .item
21
      {
22
          margin: 15px;
23
24
      label
25
          font-size: larger;
          margin-right: 20px;
29
      }
      input[type="text"],
31
      input[type="email"],
32
      input[type="password"],
      input[type="number"],
      input[type="file"],
      input[type="date"]
```

```
# style.css > 😭 label
      width: 200px;
      border-radius: 15px;
      margin-left: 5px;
      padding-left: 5px;
41
      text-overflow: hidden;
42
43
      input[type="submit"]
45
      font-size: larger;
47
      width: 150px;
      border-radius: 25px;
      text-align: center;
      margin-bottom: 15px;
52
      height: 50px;
      background-color: blue;
      color: white;
      }
      #hobbies
          display: inline;
          justify-content: space-around;
62
      #addressbox
          display: flex;
      .name{
          text-align: center;
          margin-bottom: 0;
70
71
```

```
function validate()
         if(document.myForm.address.value =="")
             alert("please provide you adress")
             document.myForm.address.focus();
         console.log(document.myForm.address.value.length)
         if(document.myForm.address.value.length<20 || document.myForm.address.value.length>70)
             alert("address must be in 20 to 70 character")
             document.myForm.address.focus();
15
         if(document.myForm.fname.value=="")
17
             alert("please provide father name")
18
             document.myForm.fname.focus();
         if(!isAlpha(document.myForm.fname.value))
             alert("please prodive valid name");
             document.myForm.fname.focus();
         filePath = document.myForm.fle.value;
29
         var allowedExtensions =/(\.jpeg|\.pdf|\.jpg|\.txt|\.png)$/;
         if (!allowedExtensions.exec(filePath)) {
         alert('Invalid file type');
         document.myForm.fle.focus();
```

```
return false;
}

console.log(typeof document.myForm.DOB.value)

if(lcheckOate(document.myForm.DOB.value))

{
    alert("enter correct date of birth")
    return false

}

if(document.myForm.degree.value =="")

{
    alert("select your degree please")
    return false

}

if(document.myForm.institute.value =="")

{
    alert("select your institute please")
    return false

}

if(document.myForm.institute.value =="")

{
    alert("select your institute please")
    return false

}

if(document.myForm.year.value =="")

{
    alert("select your year please")
    return false

}

if(document.myForm.zip.value) || document.myForm.zip.value.length != 5)

{
    alert("provide correct code please")
    return false

}

alert("Form Data Validated Successfully!");

return true;

function validateEmail()
```