**Client Side Validation Example**

<html>

<head>

<title>The Student Registration Form</title>

<script type=text/javascript>

function validate()

{

var i;

var name\_str=document.my\_form.name;

var phoneID=document.my\_form.ph\_txt;

var ph\_str=document.my\_form.ph\_txt.value;

var str=document.my\_form.Email\_txt.value;

if((name\_str.value==null)||(name\_str.value==""))

{

alert("Enter some name")

return false

}

if(document.my\_form.Age\_txt.value=="")

{

alert("Enter Some Age")

return false

}

if((document.my\_form.Age\_txt.value<"5")&&(document.my\_form.Age\_txt.value>"21"))

{

alert("Invalid Age")

return false

}

if(ph\_str.length<1 ||ph\_str.length>11)

{

alert("Invalid length of Phone Number")

return false

}

for (i = 0; i < ph\_str.length; i++)

{

var ch = ph\_str.charAt(i);

if (((ch < "0") || (ch > "9")))

{

alert("Invalid Phone Number")

phoneID.focus()

return false

}

}

var index\_at=str.indexOf("@")

var len=str.length

var index\_dot=str.indexOf(".")

var emailID=document.my\_form.Email\_txt

if ((emailID.value==null)||(emailID.value==""))

{

alert("Please Enter your Email ID")

emailID.focus()

return false

}

if (str.indexOf("@")==-1)

{

alert("Invalid E-mail ID")

return false

}

if (str.indexOf(".")==-1 || str.indexOf(".")==0 ||str.indexOf(".")==index\_at)

{

alert("Invalid E-mail ID")

return false

}

if (str.indexOf("@",(index\_at+1))!=-1)

{

alert("Invalid E-mail ID")

return false

}

if (str.indexOf(" ")!=-1)

{

alert("Invalid E-mail ID")

return false

}

if (!document.my\_form.group1[0].checked &&!document.my\_form.group1[0].checked)

{

alert("Please Select Sex");

return false;

}

if (!document.my\_form.group1[0].checked &&!document.my\_form.group1[0].checked)

{

alert("Please Select Sex");

return false;

}

return true

}

</script>

</head>

<body bgcolor=aqua>

<center><h3>Application Form</h3></center>

<form name=my\_form onsubmit=validate()>

<strong>Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp</strong>

<input type=text name=name><br/>

<strong>Age:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp</strong>

<input type=text name=Age\_txt><br/>

<strong>Phone No:&nbsp</strong>

<input type=text name=ph\_txt><br/>

<strong>Email:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbs</strong>

<input type=text name=Email\_txt><br/><br/>

<strong>Sex:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp </strong>

<input type="radio" name="group1" value="Male">Male&nbsp&nbsp&nbsp&nbsp

<input type="radio" name="group1" value="Female">Female<br/><br/><br/>

<strong>Hoby: </strong>&nbsp&nbsp

<input type="checkbox" name ="option1" value="Singing">Singing<br/>&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp

<input type="checkbox" name ="option1" value="Reading">Reading<br/>&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="checkbox" name ="option1" value="T.V.">Watching T.V<br/><br/><br/><strong>Country:</strong>

<select name="My\_Menu">

<option value="India">India</option>

<option value="China">China</option>

<option value="Shrilanka">Shrilanka</option>

</select><center>

<input type=submit value=Submit></br>

</center>

</body>

</html>