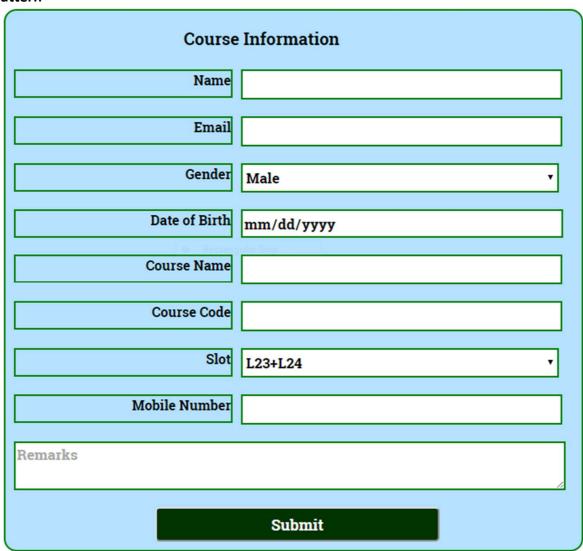
NAME	JACOB JOHN
REGISTER NO.	16BCE2205
E-MAIL	jacob.john2016@vitstudent.ac.in
COURSE	Internet and Web Programming

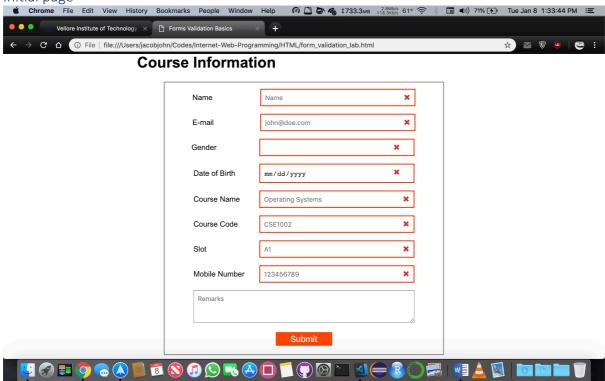
# LAB ASSESSMENT #3

# Form Design and Validation

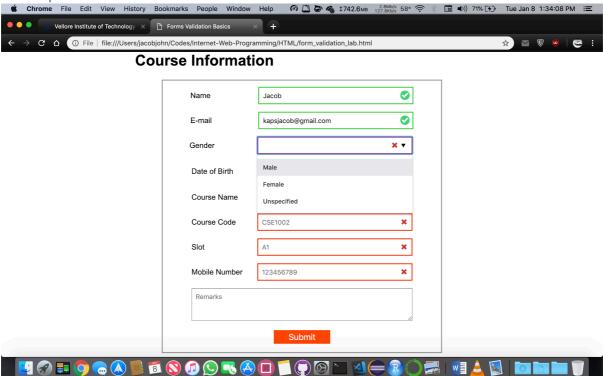
Design the following Form and validate all form components with proper regular expression pattern



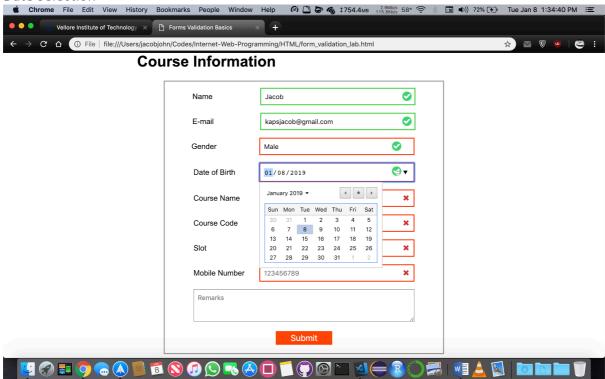
# Initial page



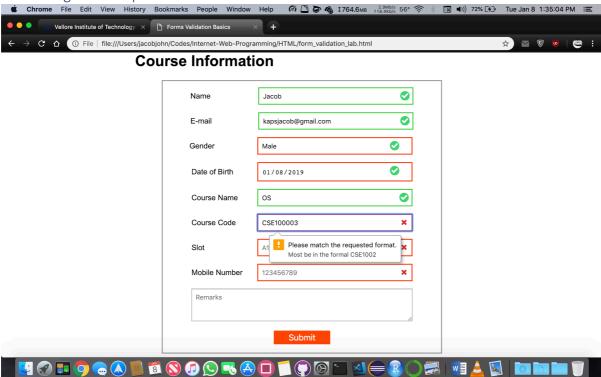
## Valid input



#### **Date Selection**



## Submitting invalid input



#### Final HTML code

```
<!DOCTYPE html>
<html>
    <style>
            font-family: arial, sans-serif;
            font-family: arial, sans-serif;
            margin: 0 auto;
            width: 710px;
        input[list]:invalid,input[type="date"]:invalid {
            border: 2px solid rgb(255, 51, 0);
            background-image: url(https://style.ons.gov.uk/wp-content/themes/ons-
style/static/img/cross.svg);
            background-size: 20px;
            background-repeat: no-repeat;
            background-position: 280px 6px;
        input[list]:valid,input[type="date"]:valid {
            border: 2px solid rgb(255, 51, 0);
            background-image: url(https://s3-us-west-
2.amazonaws.com/s.cdpn.io/3/check.svg);
            background-size: 20px;
            background-repeat: no-repeat;
            background-position: 280px 6px;
        input:invalid {
            border: 2px solid rgb(255, 51, 0);
            background-image: url(https://style.ons.gov.uk/wp-content/themes/ons-
style/static/img/cross.svg);
            background-size: 20px;
            background-repeat: no-repeat;
            background-position: 300px 6px;
        input:valid {
            border: 2px solid rgb(56, 209, 56);
            background: url(https://s3-us-west-
2.amazonaws.com/s.cdpn.io/3/check.svg);
            background-size: 20px;
            background-repeat: no-repeat;
            background-position: 300px 6px;
        input:valid {
            border: 2px solid rgb(56, 209, 56);
            background: url(https://s3-us-west-
2.amazonaws.com/s.cdpn.io/3/check.svg);
            background-size: 20px;
```

```
background-repeat: no-repeat;
           background-position: 300px 6px;
       input[type = "submit"]{
           background-image: none;
           border: 2px;
           background: rgb(255, 68, 0);
           color: white;
           font-size: 18px;
           width : 120px;
           margin: 5 auto;
           padding: 4px 15px;
           width: 330px;
           padding: 8px 8px;
           margin: 8px 0;
           box-sizing: border-box;
           font-size: 14px;
       textarea{
           width: 470px;
           padding: 8px 8px;
           margin: 8px 0;
           box-sizing: border-box;
           font-size: 14px;
       label{
           display: inline-block;
           width: 140px;
           text-align: left;
       fieldset
           text-align: center;
           margin: auto;
           width: 80%;
   </style>
       <title>Forms Validation Basics</title>
   </head>
       <form action="/action_page.php" method="POST" autocomplete="on">
               <h1>Course Information</h1>
               <fieldset>
                    <label>Name </label> <input type="text" name="name"</pre>
placeholder="Name" pattern=".{,20}" title="Must be below 20 characters"
```

```
required><br>
                    <label>E-mail </label> <input type="email" name="email"</pre>
placeholder="john@doe.com" pattern="[a-z0-9._%+-]+@[a-z0-9.-]+\.[a-z]{2,}$"
                        required><br>
                    <label>Gender </label> <input type="text" list="genders"</pre>
name="gender" required/>
                    <datalist id="genders">
                    <option value="Male">Male</option>
                    <option value="Female">Female</option>
                    <option value="Unspecified">Unspecified</option>
                    </datalist><br>
                    <label>Date of Birth </label><input type="date" name="bday"</pre>
required><br>
                    <label>Course Name </label><input type="text" name="cname"</pre>
pattern="/^[A-Za-z]+$/{,50}" placeholder="Operating Systems" required><br>
                    <label>Course Code </label><input type="text" name="ccode"</pre>
pattern="[a-zA-Z]{3}{1-9}{1}[0-9]{3}" placeholder="CSE1002" title="Most be in the
format CSE1002" required><br>
                    <label>Slot </label><input type="text" name="slot"</pre>
pattern="([A-Z]{1}[0-9]{1,2})|([A-Z]{1}[0-9]{1,2}|"
placeholder="A1" required><br>
                    <label>Mobile Number </label><input type="tel" name="phone"</pre>
placeholder="123456789" pattern="\d{10}" maxlength="10" required><br>
                    <textarea cols="50" rows="3" maxlength="100"</pre>
placeholder="Remarks"></textarea><br>
                    <input type="submit" value="Submit">
                </fieldset>
        </form>
    </body>
</html>
```