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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

Course Information

Name

Email

Gender

Male ▼

Date of Birth

mm/dd/yyyy

Course Name

Course Code

Slot

L23+L24 ▼

Mobile Number

Remarks

Submit

Initial page

Course Information

Name	<input type="text" value="Name"/>
E-mail	<input type="text" value="john@doe.com"/>
Gender	<input type="text"/>
Date of Birth	<input type="text" value="mm/dd/yyyy"/>
Course Name	<input type="text" value="Operating Systems"/>
Course Code	<input type="text" value="CSE1002"/>
Slot	<input type="text" value="A1"/>
Mobile Number	<input type="text" value="123456789"/>
Remarks	<input type="text"/>

Submit

Valid input

Course Information

Name	<input type="text" value="Jacob"/>
E-mail	<input type="text" value="kapsjacob@gmail.com"/>
Gender	<input type="text"/>
Date of Birth	<input type="text" value="Male"/>
Course Name	<input type="text" value="Unspecified"/>
Course Code	<input type="text" value="CSE1002"/>
Slot	<input type="text" value="A1"/>
Mobile Number	<input type="text" value="123456789"/>
Remarks	<input type="text"/>

Submit

Date Selection

Chrome File Edit View History Bookmarks People Window Help 1754.4MB 2.9MB/s 58° 72% Tue Jan 8 1:34:40 PM

Vellore Institute of Technology x Forms Validation Basics x

File file:///Users/jacobjohn/Codes/Internet-Web-Programming/HTML/form_validation_lab.html

Course Information

Name ✓

E-mail ✓

Gender ✓

Date of Birth ✓

Course Name ✗

Course Code ✗

Slot ✗

Mobile Number ✗

Remarks

Submit

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

Submitting invalid input

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Vellore Institute of Technology x Forms Validation Basics x

File file:///Users/jacobjohn/Codes/Internet-Web-Programming/HTML/form_validation_lab.html

Course Information

Name ✓

E-mail ✓

Gender ✓

Date of Birth ✓

Course Name ✓

Course Code ✗

Slot ✗

Mobile Number ✗

Remarks

Submit

Please match the requested format.
Must be in the format CSE1002

Final HTML code

```
<!DOCTYPE html>
<html>
  <style>
    h1
    {
      font-family: arial, sans-serif;
    }
    form
    {
      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;
    }
    input, select, button, datalist {
        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>

<head>
    <title>Forms Validation Basics</title>
</head>

<body>
    <form action="/action_page.php" method="POST" autocomplete="on">
        <h1>Course Information</h1>
        <fieldset>
            <label>Name </label> <input type="text" name="name"
placeholder="Name" pattern=".{,20}" title="Must be below 20 characters"

```

```

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

    </form>
</body>

</html>

```