

Student Information Page

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<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Student Information Form</title>

<style>

  body { font-family: Arial, sans-serif; }

  .error { color: red; }

  input, textarea, select { width: 100%; padding: 10px; margin: 10px 0; }

</style>

</head>

<body>


<h2>Student Information Form</h2>

<form id="studentForm" onsubmit="return validateForm()">

  <label>Name: <input type="text" id="name" placeholder="Enter your name"></label><br>

  <span id="nameError" class="error"></span>


  <label>Address: <textarea id="address" placeholder="Enter your address"></textarea></label><br>

  <span id="addressError" class="error"></span>


  <label>City: <input type="text" id="city" placeholder="Enter your city"></label><br>

  <span id="cityError" class="error"></span>


  <label>State:

    <select id="state">

      <option value="">Select your state</option>

      <option value="State1">State1</option>

      <option value="State2">State2</option>
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        <option value="State3">State3</option>
    </select>
</label><br>
<span id="stateError" class="error"></span>

<label>Gender:
    <input type="radio" name="gender" value="Male"> Male
    <input type="radio" name="gender" value="Female"> Female
</label><br>
<span id="genderError" class="error"></span>

<label>Mobile Number: <input type="tel" id="mobile" placeholder="Enter your mobile
number"></label><br>
<span id="mobileError" class="error"></span>

<label>Email ID: <input type="email" id="email" placeholder="Enter your email"></label><br>
<span id="emailError" class="error"></span>

<input type="submit" value="Submit">
</form>

<script>
function validateForm() {
    let isValid = true;
    document.querySelectorAll('.error').forEach(e => e.textContent = "");

    const fields = [
        { id: 'name', error: 'Please enter a valid name (letters only).', pattern: /^[a-zA-Z\s]+$/ },
        { id: 'address', error: 'Please enter your address.' },
        { id: 'city', error: 'Please enter your city.' },
        { id: 'state', error: 'Please select your state.' },
    ]

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{ id: 'mobile', error: 'Please enter a valid 10-digit mobile number.', pattern: /\d{10}$/ },  
{ id: 'email', error: 'Please enter a valid email address.', pattern: /\S+@\S+\.\S+$/ }  
];
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fields.forEach(({ id, error, pattern }) => {  
  const value = document.getElementById(id).value;  
  if (!value || (pattern && !pattern.test(value))) {  
    document.getElementById(id + 'Error').textContent = error;  
    isValid = false;  
  }  
});
```

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if (!document.querySelector('input[name="gender"]:checked')) {  
  document.getElementById('genderError').textContent = 'Please select your gender.';  
  isValid = false;  
}
```

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if (isValid) alert("Congratulations! Your form has been successfully submitted.");  
return isValid;  
}
```

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</script>
```

```
</body>
```

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</html>
```