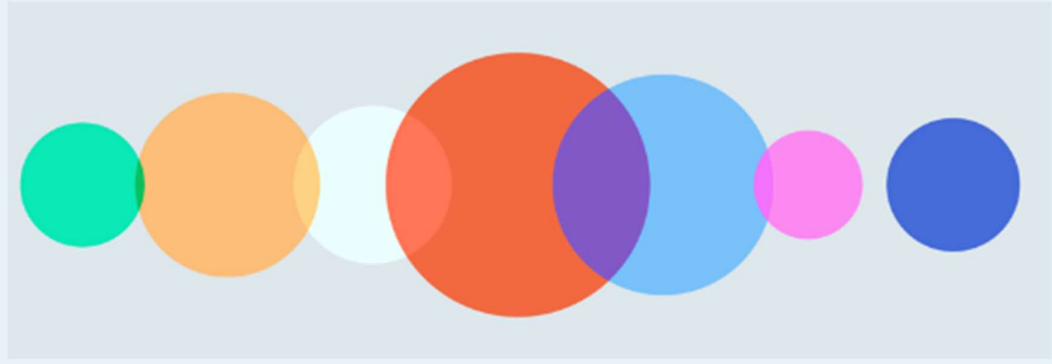


ASSESSMENT 2

Manan Shah – GitHub Repo: <https://github.com/manan04shah/bcse203e-web-programming>

BCSE203E 21/02/2024

Q-1 Create a Html page to display this image like shown below. Use CSS property and Z-index to position the same. Write the image map coordinates for the Red, Green and Blue circles and when user clicks create a landing page with a description of your choice.



Code:

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Circles</title>
  <link rel="stylesheet" href="./q1.css">
  <script src="./q1.js"></script>
</head>
<body>
  <map name="circleMap">
    <div class="container">
      <area shape="circle" coords="155, 155, 100" href="q1_landing.html"
alt="Green Circle">
      <div class="circle" id="c1" onclick="redirectLanding()">155,
155</div>
      <area shape="circle" coords="255, 155, 125" href="" alt="Orange
Circle">
      <div class="circle" id="c2"></div>
      <area shape="circle" coords="355, 155, 118" href="" alt="White
Circle">
      <div class="circle" id="c3"></div>
      <area shape="circle" coords="455, 155, 150" href="q1_landing.html"
alt="Red Circle">
      <div class="circle" id="c4" onclick="redirectLanding()">455,
155</div>
      <area shape="circle" coords="555, 155, 137" href="q1_landing.html"
alt="Light Blue Circle">
      <div class="circle" id="c5" onclick="redirectLanding()">555,
155</div>
      <area shape="circle" coords="655, 155, 75" href="" alt="Pink
Circle">
```

```

        <div class="circle" id="c6"></div>
        <area shape="circle" coords="755, 155, 113" href="q1_landing.html"
alt="Blue Circle">
        <div class="circle" id="c7" onclick="redirectLanding()">755,
155</div>
    </div>
</map>
</body>
</html>

```

```

* {
    margin: 0;
    padding: 0;
}

body {
    background-color: lightgrey;
}

.container {
    position: relative;
    width: 100%;
    height: 100vh;
    display: flex;
    justify-content: center;
    align-items: center;
}

.circle {
    border-radius: 50%;
    position: absolute;
    opacity: 70%;
    display: flex;
    justify-content: center;
    align-items: center;
}

#c1 {
    background-color: green;
    width: 19.5vh;
    height: 19.5vh;
    transform: translateX(-30.5vw);
    z-index: 3;
}

#c2 {

```

```
background-color: orange;
width: 25vh;
height: 25vh;
transform: translateX(-20vw);
z-index: 1;
}

#c3 {
background-color: azure;
width: 23.5vh;
height: 23.5vh;
transform: translateX(-10vw);
z-index: 2;
}

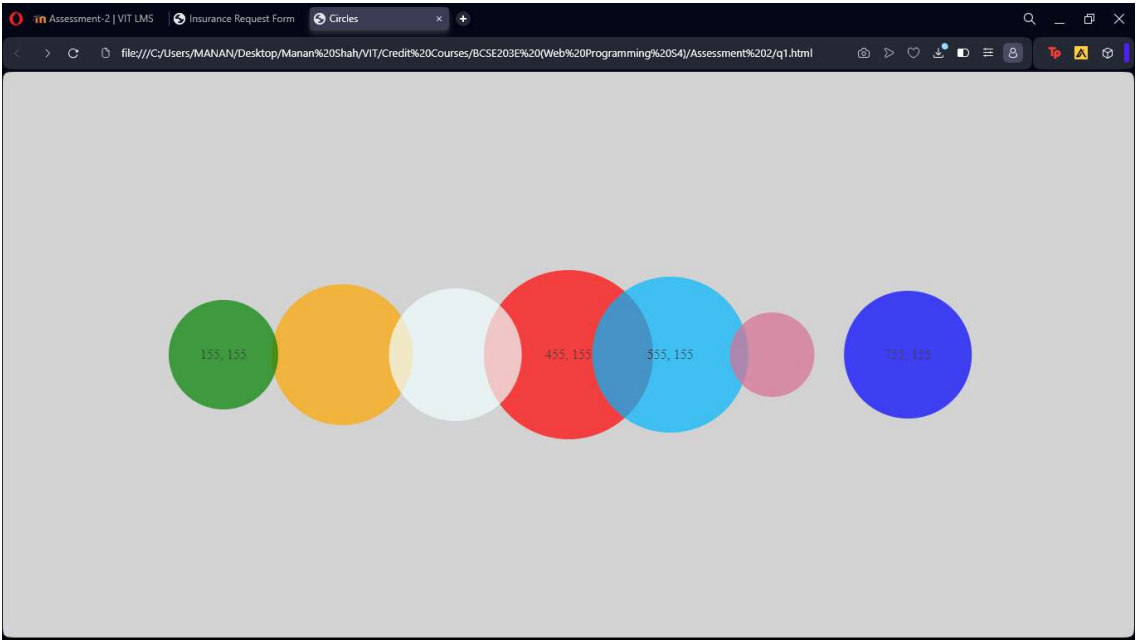
#c4 {
background-color: red;
width: 30vh;
height: 30vh;
z-index: 0;
}

#c5 {
background-color: #00b7ff;
width: 27.5vh;
height: 27.5vh;
transform: translateX(9vw);
z-index: 1;
}

#c6 {
background-color: palevioletred;
width: 15vh;
height: 15vh;
transform: translateX(18vw);
z-index: 2;
}

#c7 {
background-color: blue;
width: 22.5vh;
height: 22.5vh;
transform: translateX(30vw);
}
```

OUTPUT:



Q-2


Design the form and write a JavaScript to get the date for the insurance subscription from **31st December 2015** only. if previous date is selected alert the user as invalid date.

TRUCKING INSURANCE QUOTE REQUEST FORM

Company Name *

Owner *
First Name Middle Name Last Name

E-mail *

D.O.B. * / / 
Month Day Year

DOT *

Does owner have CDL License? ☐ Yes
☐ No

Loss Payees/Lease? ☐ Yes
☐ No

Code:

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Insurance Request Form</title>
  <link rel="stylesheet" href="./q2.css">
  <script src="./q2.js"></script>
</head>
<body>
  <div class="container">
    <form action="" method="post">
      <div class="formTitle">
        <h1>TRUCKING INSURANCE QUOTE REQUEST FORM</h1>
      </div>
      <div class="formContent">
        <div class="companyName">
          <label for="companyName">Company Name <span style="color:
red;*></span></label>
          <input type="text" id="companyName" name="companyName"
required>
        </div>
```

```

        <div class="owner">
            <label for="owner">Owner <span style="color:
red;">*</span></label>
                <input type="text" id="owner" name="ownerFirstName"
placeholder="First Name" required>
                <input type="text" name="ownerMiddleName" id="owner"
placeholder="Middle Name" required>
                <input type="text" name="ownerLastName" id="owner"
placeholder="Last Name" required>
            </div>
            <div class="email">
                <label for="email">E-mail <span style="color:
red;">*</span></label>
                <input type="email" id="email" name="email" required>
            </div>
            <div class="dob">
                <label for="dob">D.O.B. <span style="color:
red;">*</span></label>
                <input type="date" id="dob" name="dob" required>
            </div>
            <div class="dot">
                <label for="dot">DOT <span style="color:
red;">*</span></label>
                <input type="text" id="dot" name="dot" required>
            </div>
            <br>
            <div class="licenseBoolean" style="display: flex;">
                <label for="licenseBoolean">Does owner have CDL
License?</label>
                <div class="radioDiv">
                    <span><input type="radio" id="licenseBoolean"
name="licenseBoolean" value="yes" required>Yes</span>
                    <span><input type="radio" id="licenseBoolean"
name="licenseBoolean" value="no" required>No</span>
                </div>
            </div>
            <br>
            <div class="lossPayees" style="display: flex;">
                <label for="lossPayees">Loss Payees/Lease?</label>
                <div class="radioDiv">
                    <span><input type="radio" id="losspayees"
name="losspayees" value="yes" required>Yes</span>
                    <span><input type="radio" id="losspayees"
name="losspayees" value="no" required>No</span>
                </div>
            </div>
        </div>
    <br>

```

```

        <div class="formFooter">
            <button type="submit" id="submit"
onclick="checkDOB()">Submit</button>
        </div>
    </form>
</div>
</body>
</html>

```

CSS

```

* {
    margin: 0;
    padding: 0;
    font-family: sans-serif;
    color: rgb(92, 91, 91);
}

body {
    background-color: lightgrey;
}

.container {
    width: 100%;
    height: 100vh;
    display: flex;
    justify-content: center;
    align-items: center;
}

form {
    width: 60vw;
    display: flex;
    flex-direction: column;
    justify-content: space-around;
    align-items: center;
    border: 1px solid black;
    background-color: white;
    padding: 5vh;
}

.formTitle {
    font-size: 0.6em;
    text-align: center;
    font-weight: lighter;
}

/* Added CSS to align input boxes */

```



```
label {
  display: inline-block;
  width: 200px; /* Adjust the width as needed */
  font-weight: bold;
}

input[type="text"],
input[type="email"],
input[type="date"],
input[type="radio"] {
  height: 2vh;
  border: 1px solid black;
  padding: 5px;
  margin-left: 1vh;
  margin-right: 1vh;
  margin-top: 1.5vh;
}

#companyName {
  width: 375px;
}

#owner {
  width: 100px;
  margin-left: 1vh;
  margin-right: 0.1vh;
}

#dot {
  width: 80px;
}

button {
  width: 10vw;
  height: 5vh;
  background-color: black;
  color: white;
  border: none;
  margin-top: 2vh;
  cursor: pointer;
}

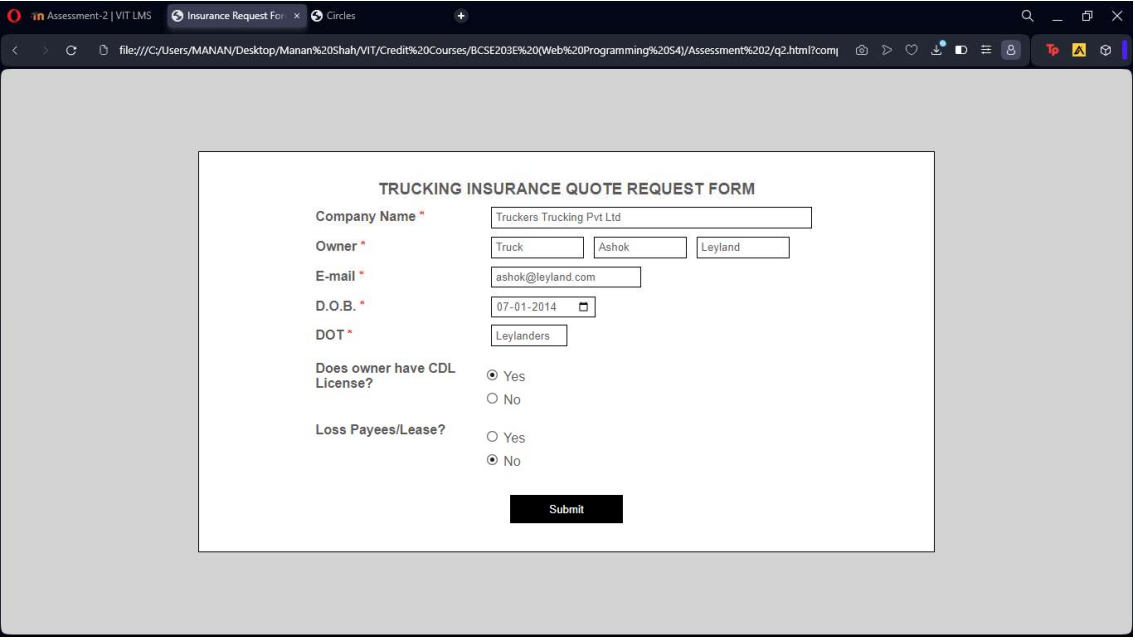
.radioDiv {
  display: flex;
  flex-direction: column;
}
```

JS

```
//Function to alert if dob is before 31st december 2015

function checkDOB() {
    var dob = document.getElementById("dob").value;
    if (dob < "2015-12-31") {
        alert("Date of Birth should be after 31st December 2015");
    }
}
```

OUTPUT:



The screenshot shows a web browser window with the title 'Assessment-2 | VIT LMS'. The address bar shows a file path: 'file:///C:/Users/MANAN/Desktop/Manan%20Shah/VIT/Credit%20Courses/BCSE203E%20(Web%20Programming%20S4)/Assessment%202/q2.html?comq'. The main content area displays a form titled 'TRUCKING INSURANCE QUOTE REQUEST FORM'. The form contains the following fields and options:

- Company Name ***: Text input field containing 'Truckers Trucking Pvt Ltd'.
- Owner ***: Three text input fields containing 'Truck', 'Ashok', and 'Leyland'.
- E-mail ***: Text input field containing 'ashok@leyland.com'.
- D.O.B. ***: Text input field containing '07-01-2014' with a calendar icon.
- DOT ***: Text input field containing 'Leylanders'.
- Does owner have CDL License?**: Radio button options: ☒ Yes, ☐ No.
- Loss Payees/Lease?**: Radio button options: ☐ Yes, ☒ No.
- Submit**: A black button with white text.

Assessment-2 | VIT LMS Insurance Request For Circles

file:///C:/Users/MANAN/Desktop/Manan%20Shah/VIT/Credit%20Courses/BCSE203E%20Web%20Programming%20S4/Assessment%202/q2.html?companyName

This page says
Date of Birth should be after 31st December 2015

OK

TRUCKING INSURANCE QUOTE REQUEST FORM

Company Name * Truckers Trucking Pvt Ltd

Owner * Truck Ashok Leyland

E-mail * ashok@leyland.com

D.O.B. * 07-01-2014

DOT * Leylanders

Does owner have CDL License?
☒ Yes
☐ No

Loss Payees/Lease?
☐ Yes
☒ No

Submit