

# Validation Outputs

## Validation Through Name:

A screenshot of a web browser displaying a form titled "localhost/JSForm/form.html". The form has fields for "State" (a dropdown menu), "Zip" (text input with "5301"), and "Name" (text input with "Md Mintajur"). Below these are checkboxes for donation preferences and a "Comments" text area containing "Emon". At the bottom, there are checkboxes for contact preferences and a "SignUp" button. A modal dialog box is open, displaying the message "localhost says Name can't be blank" with an "OK" button. The Windows taskbar at the bottom shows the time as 11:20 PM on 8/1/2023.

## Validation Through Phone Number:

A screenshot of the same web browser displaying the form "localhost/JSForm/form.html". The form fields are identical to the previous screenshot. However, the modal dialog box now displays the message "localhost says Phone No. must be 11 digits long" with an "OK" button. The Windows taskbar at the bottom shows the time as 11:36 PM on 8/1/2023.

## Code:

```
<html>
<body>
<script>
function validateform(){
var name=document.myform.name.value;
var phone=document.myform.phone.value;

if (name==null || name==""){
    alert("Name can't be blank");
    return false;
}else if(phone.length=11){
    alert("Phone No. must be 11 digits long");
    return false;
}
}
</script>
<body>
<form name="myform" method="post"
action="http://www.javatpoint.com/javascriptpages/valid.jsp" onsubmit="return
validateform()" >
    <p><h6><span style="color: red">*</span> - Denotes Required
Information</h6></p>
    <p><b><pre>> 1 Donation</b> > 2 Confirmation > Thank You! </pre></b></p>
    <h3 style="color:red">Donor Information</h3>
    <label> <pre><b>
                                First Name</b><span style="color:
red">*</span> <input type="text" name="name"></pre></label>
    <label> <pre><b>
                                Last Name</b><span style="color:
red">*</span> <input type="text" name="lname"/></pre></label>
    <label> <pre><b>
                                Company</b> <input type="text"
name="cname"/></pre></label>
    <label> <pre><b>
                                Address1</b><span style="color:
red">*</span> <input type="text" name="address1"/></pre></label>
    <label> <pre><b>
                                Address2</b> <input type="text"
name="address2"/></pre></label>
    <label> <pre><b>
                                City</b><span style="color:
red">*</span> <input type="text" name="city"/></pre></label>
    <label> <pre><b>
                                State</b><span style="color:
red">*</span> <select>
                                <option>Select a State</option>
                                <option>Dhaka</option>
                                <option>Rajshahi</option>
                                <option>Barishal</option>
                                <option>Khulna</option>
```

```

        <option>Sylhet</option>
        <option>Rangpur</option>
        <option>Mymensingh</option>
        <option>North Carolaina</option>
        <option>Texs</option>
        <option>California</option>
        <option>New Yourk</option>
        <option>Washington</option>
        <option>Mumbai</option>
        <option>Chennai</option>
        <option>Rajesthan</option>
        <option>Lahore</option>
        <option>Karachi</option>
        <option>Islamabad</option>
        <option>Beijing</option>
        <option>Tianjin</option>
        <option>Hebei</option>
    </select></pre></label>
    <label> <pre><b>                Zip Code</b><span style="color:
red">*</span> <input type="text" name="zip"/></pre></label>
    <label> <pre><b>                Country</b><span style="color:
red">*</span> <select>
        <option>Select a Country</option>
        <option>Bangladesh</option>
        <option>United States</option>
        <option>India</option>
        <option>Pakistan</option>
        <option>China</option>
    </select></pre></label>
    <label> <pre><b>                Phone</b> <input type="number"
name="phone"></pre></label>
    <label> <pre><b>                Fax</b> <input type="text"
name="fax"/></pre></label>
    <label> <pre><b>                Email</b><span style="color:
red">*</span> <input type="text" name="email"></pre></label>
    <label> <pre><b>                Donation Amount</b><span style="color:
red">*</span><input type="radio" name="radio1" value="None"/>None <input
type="radio" name="radio2" value="$50"/>$50 <input type="radio" name="radio3"
value="$75"/>$75 <input type="radio" name="radio4" value="$100"/>$100 <input
type="radio" name="radio5" value="$250"/>$250 <input type="radio" name="radio6"
value="Other"/>Other</pre></label>
    <p><pre><h5> (Check a button or type in your</h5></pre></p>
    <pre>                amount)<label><b> Other Amount $ </b> <input
type="text" name="amount"/></label></pre>

```

```

    <pre><label><b>          Recurring Donation</b></label><input type="checkbox"
name="recurring"><label>I am interested in giving on a regular
basis.</label></pre>
    <p><pre><h5>          (Check if yes)</h5></pre></p>
    <pre>          <label>          Monthly Credit Card $ <input
type="textbox" size="3" name="monthcr"/> For <input type="textbox" size="2"
name="monthcr2"/> Months</label></pre>
    <br>

    <h3 style="color:red">Honorary and Memorial Donation Information</h3>
    <label> <pre><b> I would like to make this</b><input type="radio"
name="radio7"/>To Honor</pre></label>
    <label> <pre><b>          donation</b><input type="radio"
name="radio8"/>In Memory of </pre></label>
    <label> <pre><b>          Name</b> <input type="text"
name="name1"/></pre></label>
    <label> <pre><b> Acknowledge Donation to</b> <input type="text"
name="ack"/></pre></label>
    <label> <pre><b>          Address</b> <input type="text"
name="address"/></pre></label>
    <label> <pre><b>          City</b> <input type="text"
name="city1" /></pre></label>
    <label> <pre><b>          State</b></span> <select>
    <option>Select a State</option>
    <option>Dhaka</option>
    <option>Rajshahi</option>
    <option>Barishal</option>
    <option>Khulna</option>
    <option>Sylhet</option>
    <option>Rangpur</option>
    <option>Mymensingh</option>
    <option>North Carolina</option>
    <option>Texas</option>
    <option>California</option>
    <option>New York</option>
    <option>Washington</option>
    <option>Mumbai</option>
    <option>Chennai</option>
    <option>Rajasthan</option>
    <option>Lahore</option>
    <option>Karachi</option>
    <option>Islamabad</option>
    <option>Beijing</option>
    <option>Tianjin</option>

```

```

        <option>Hebei</option>
    </select></pre></label>
    <label> <pre><b>                                Zip</b> <input type="text"
name="zip1" size="15"/></pre></label>
    <h3 style="color:red">Additional Information</h3>
    <pre><p> Please enter your name, company or organization as you would
like it to appear in our publications:</p></pre>
    <label> <pre><b>                                Name</b> <input type="text"
name="name2"/></pre></label>
    <pre><input type="checkbox" name="iwould"><label> I would like to remain my
donation anonymous.</label></pre>
    <pre><input type="checkbox" name="giftprogam"><label> My employers offers a
matching gift program. I will mail the matching gift form.</label></pre>
    <pre><input type="checkbox" name="pleasesave"><label> Please save the cost of
acknowledging this gift by not mailing a thank you letter.</label></pre>
    <label> <pre><b>                                Comments </b></pre></label>
    <pre>                                <textarea rows="5" cols="45"
name="textarea"></textarea></pre>
    <pre><h6>(Please type any questions or feedback
                                here)</h6></pre></p>
    <pre><label><b>    How may we contact you?</b></label><input type="checkbox"
name="email1"> E-mail</label>
                                <input type="checkbox" name="postalmail"> Postal
Mail</label>
                                <input type="checkbox" name="telephone">
Telephone</label>
                                <input type="checkbox" name="fax1"> Fax</label></pre>
    <pre><p>I would like to receive newsletters and information about special
events by:</p></pre>
    <pre>                                <input type="checkbox" name="email2"><label>
E-mail</label>
                                <input type="checkbox" name="postalmail1"><label>
Postal Mail</label></pre>
    <pre><input type="checkbox" name="iwould1"><label> I
would like information about volunteering with the</label></pre>
    <pre>                                <button type="reset">Reset</button>
<button>Continue</button></pre>
    <pre>Donate online with confidence. You are on a secure server
</h5></pre>
    <pre><p>If you have any problems or questions, please contact
support.</p></pre>

```

```

    <input type="submit" value="SignUp">
  </form>
</body>
</html>

```