

Lab Task

AIM: Create Profile page with proper validation and form-control for following information using NodeJs and Bootstrap only. 1. First Name and Last name 2. Email-id 3. Mobile Number 4. Date of Birth 5. Gender 6. Address 7. Select Institute 8. Select Department 9. Select Semester Display all information in HTML Table.

Code:

Index.ejs

```
<!DOCTYPE html>
<html lang="en">

<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Form</title>

  <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.7/css/bootstrap.min.css" integrity="sha384-BVYiiSIFeK1dGmJRAkycuHAHRg32OmUcww7on3RYdg4Va+PmSTsz/K68vbdEjh4u" crossorigin="anonymous">

  <link rel="stylesheet" type="text/css" href="styles.css">
</head>

<body>
<center><h1 style="border: 2px solid;align-content: center;background:aliceblue;text-decoration-color: black;">Fill the below form</h1></center>

<form action="/table" method="post">
  <div class="form-group row">
    <label for="inputfName" class="col-sm-2 col-form-label" >First Name</label>
    <div class="col-sm-10">
      <input type="text" name="fname" class="form-control" id="inputfName" placeholder="fullname" required maxlength="15">
    </div>
  </div>
  <div class="form-group row">
    <label for="inputlName" class="col-sm-2 col-form-label" >Last Name</label>
    <div class="col-sm-10">
      <input type="text" name="lname" class="form-control" id="inputlName" placeholder="lastname" required maxlength="15">
    </div>
  </div>
  <div class="form-group row">
    <label for="inputEmail" class="col-sm-2 col-form-label" >Email</label>
    <div class="col-sm-10">
      <input type="email" name="email" class="form-control" id="inputEmail" placeholder="Email" required maxlength="30"
        " pattern="[^ @]*@[^ @]*" >
    </div>
  </div>
  <div class="form-group row">
```

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        <label for="inputMobile3" class="col-sm-2 col-form-label">Mobile no</label>
        <div class="col-sm-10">
            <input type="number" name="number" class="form-
control" id="inputMobile3" placeholder="Mobile" required minlength ="10" maxlength=
"10">
        </div>
    </div>
    <div class="form-group row">
        <label for="inputPassword3" class="col-sm-2 col-form-
label">Date of Birth</label>
        <div class="col-sm-10">
            <input type="date" name="dob" class="form-
control" id="inputPassword3" placeholder="dob" required>
        </div>
    </div>
    <fieldset class="form-group">
        <div class="row">
            <legend class="col-form-label col-sm-2 " name="gender">Gender</legend>
            <div class="col-sm-10">
                <div class="form-check">
                    <input class="form-check-
input" type="radio" name="gender" id="gridRadios1" value="Male" checked>
                    <label class="form-check-label" for="gridRadios1">
                        Male
                    </label>
                </div>
                <div class="form-check">
                    <input class="form-check-
input" type="radio" name="gender" id="gridRadios2" value="Female">
                    <label class="form-check-label" for="gridRadios2">
                        Female
                    </label>
                </div>
                <div class="form-check ">
                    <input class="form-check-
input" type="radio" name="gender" id="gridRadios3" value="Other" >
                    <label class="form-check-label" for="gridRadios3">
                        Other
                    </label>
                </div>
            </div>
        </div>
    </fieldset>
    <div class="form-group row">
        <label for="inputPassword3" class="col-sm-2 col-form-label">Address</label>
        <div class="col-sm-10">
            <input type="text" name="address" class="form-
control" id="inputPassword3" placeholder="Address" required maxlength="50">
        </div>
    </div>

    <div class="col-auto my-1">
        <label class="mr-sm-
2" for="inlineFormCustomSelect" >Select Institute</label>

```

```

        <select class="custom-select mr-sm-
2" id="inlineFormCustomSelect" name="institute" required>

        <option value="CSPIT">CSPIT</option>
        <option value="DEPSTAR">DEPSTAR</option>
        </select>
    </div>
    <div class="col-auto my-1">
        <label class="mr-sm-
2" for="inlineFormCustomSelect" >Select Department</label>
        <select class="custom-select mr-sm-
2" id="inlineFormCustomSelect" name="dept" required>

            <option value="CE">CE</option>
            <option value="EC">EC</option>
            <option value="ME">ME</option>
            <option value="CL">CL</option>
            <option value="IT">IT</option>
        </select>
    </div>
    <div class="col-auto my-1">
        <label class="mr-sm-
2" for="inlineFormCustomSelect" >Select Semester</label>
        <select class="custom-select mr-sm-
2" id="inlineFormCustomSelect" name="semester" required>
            <option value="1">1</option>
            <option value="2">2</option>
            <option value="3">3</option>
            <option value="4">4</option>
            <option value="5">5</option>
            <option value="6">6</option>
            <option value="7">7</option>
            <option value="8">8</option>
        </select>
    </div>

    <div class="form-group row">
        <div class="col-sm-10">
            <button type="submit" class="btn btn-primary">Submit</button>
        </div>
    </div>
</form>
</body>
</html>

```

Index.js

```
var express = require("express")

const app=express()

// View engine setup
app.set('view engine', 'ejs');
app.use(express.urlencoded({extended:false}));

app.use(express.static('public'))

app.post('/table', (req, res) => {
  res.render('table', {
    firstname: req.body.fname,
    lastname: req.body.lname,
    elecmail: req.body.email,
    num: req.body.number,
    birthday: req.body.dob,
    gend: req.body.gender,
    add: req.body.address,
    ins: req.body.institute,
    depart: req.body.dept,
    semester:req.body.semester
  })
})

app.get("/",(req,res)=>{
  res.render('index');
}).listen(3000);

app.post('/', (req, res) => {
  console.log(req.body);
  res.redirect('table');
})

console.log("Listening on PORT 3000");
```

table.ejs

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial scale=1.0">
  <title>Table</title>
</head>
<style>
  table, th, td {
    border: 1px solid black;
  }
</style>
<body>
  <table class="table">
    <thead>
      <tr>
        <th scope="col">Firstname</th>
        <th scope="col">Lastname</th>
        <th scope="col">Email</th>
        <th scope="col">Number</th>
        <th scope="col">Birthday</th>
        <th scope="col">Gender</th>
        <th scope="col">Address</th>
        <th scope="col">Institute</th>
        <th scope="col">Department</th>
        <th scope="col">semester</th>
      </tr>
    </thead>
    <tbody>
      <tr>
        <td><%= firstname %></td>
        <td><%= lastname %></td>
        <td><%= elecmail %></td>
        <td><%= num %></td>
        <td><%= birthday %></td>
        <td><%= gend %></td>
        <td><%= add %></td>
        <td><%= ins %></td>
        <td><%= depart %></td>
        <td><%= semester %></td>
      </tr>
    </tbody>
  </table>
</body>
</html>
```

Output:

Fill the below form

First Name

Last Name

Email

Mobile no

Date of Birth

Gender ☐ Male ☒ Female ☐ Other

Address

Select Institute

Select Department

Select Semester

Firstname	Lastname	Email	Number	Birthday	Gender	Address	Institute	Department	semester
Nikita	Mirchandani	nikitamirchandani2002@gmail.co	9865412378	2000-02-02	Female	Address,Gujarat,India	CSPIT	CE	1

Form

localhost:3000

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Fill the below form

First Name

Last Name

Email

Mobile no

Date of Birth

Gender ☒ Male ☐ Female ☐ Other

Address

Select Institute

Select Department

Select Semester

Submit

Please include an '@' in the email address. 'dhbjqf' is missing an '@'.

Form

localhost:3000

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Fill the below form

First Name

Last Name

Email

Mobile no

Date of Birth

Gender ☒ Male ☐ Female ☐ Other

Address

Select Institute

Select Department

Select Semester

Submit

Please fill out this field.