HTML JAVASCRIPT

<html>

<head>

<title>registration</title>

</head>

<script>

function form()

{

var name = document.forms["DOCTOR'S REGISTRATION FORM"]["name"];

var username = document.forms["DOCTOR'S REGISTRATION FORM"]["uname"];

var email = document.forms["DOCTOR'S REGISTRATION FORM"]["Email"];

var phone = document.forms["DOCTOR'S REGISTRATION FORM"]["phoneno"];

var crpassword = document.forms["DOCTOR'S REGISTRATION FORM"]["pwd1"];

var copassword = document.forms["DOCTOR'S REGISTRATION FORM"]["pwd2"];

if (name.value == "")

{

alert("Please enter your name.");

name.focus();

return false;

}

if (username.value == "")

{

alert("Please enter your username.");

username.focus();

return false;

}

if (email.value == "")

{

window.alert("Please enter a valid e-mail address.");

email.focus();

return false;

}

if (email.value.indexOf("@", 0) < 0)

{

window.alert("Please enter a valid e-mail address.");

email.focus();

return false;

}

if (email.value.indexOf(".", 0) < 0)

{

window.alert("Please enter a valid e-mail address.");

email.focus();

return false;

}

if (phone.value == "")

{

window.alert("Please enter your telephone number.");

phone.focus();

return false;

}

if (crpassword.value == "")

{

window.alert("Please enter to create password");

password.focus();

return false;

}

if (copassword.value == "")

{

window.alert("Please enter to confirm password");

password.focus();

return false;

}

return true;

}</script>

<body bgcolor="lightblue">

<form name="DOCTOR'S REGISTRATION FORM" onsubmit="return form()">

<center>

<h1>DOCTOR'S REGISTRATION FORM:</h1>

<table allign="center">

<tr><td>Name:</td><td><input type="text" name="name" onkeypress="return((event.charCode >64 && event.charCode<91)||(event.charCode >96 && event.charCode<123))" /></td></tr>

<tr><td>Username:</td><td><input type="text" name="uname"></td></tr>

<tr><td>Email Id:</td><td><input type="email" name="Email"></td></tr>

<tr><td>Gender:</td><td><input type="radio" name="gender" value="male">Male<input type="radio" name="gender" value="Female">Female</td></tr>

<tr><td>Qualifications:</td><td><input type="checkbox" name="MBBS">MBBS<input type="checkbox" name="MD">MD<input type="checkbox" name="PhD,DPhil">PhD,DPhil</td></tr>

<tr><td>Specialisation in:</td><td>

<select name="Specialisation in"><option value="Paediatrics">Paediatrics</option>

<option value="Psychiatry">Psychiatry</option><option value="Radiology">Radiology</option><option value="Gynaecology">Gynaecology</option><option value="Medicine">Medicine</option><option value="Anaesthetics">Anaesthetics</option><option value="Surgery">Surgery</option></select> </td></tr>

<tr><td>Experience:</td><td><select name="experience"><option value="beginners">beginners</option>

<option value="below 10 yrs">below 10 years</option><option value="morethan 10 yrs">morethan 10 years</option></select> </td></tr>

<tr><td>Mobile Number:</td><td><input type="text" name="phoneno" size="10"/></td></tr>

<tr><td>Create Password:</td><td><input type="password" name="pwd1"></td></tr>

<tr><td>Conform Password:</td><td><input type="password" name="pwd2"></td></tr>

<tr><td>

<input type="submit" name="submit" id="smt" value="submit"></td></tr>

<tr><td><input type="reset" name="reset" id="smt" value="reset"></td></tr>

</table></center>

</form>

</body>

</html>

OUTPUT :











