

Name: Hitesh Nichit

Class: TE-IT-Div 2 Roll No: I3220

Form.html:

```
<!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">

  <link rel="stylesheet" href="css/bootstrap.min.css"/>

  <script src="https://code.jquery.com/jquery-3.6.0.min.js"
    integrity="sha256-/xUj+3OJU5yExlq6GSYGGSHk7tPXikynS7ogEvDej/m4="
    crossorigin="anonymous"></script>

  <link rel="stylesheet" href="https://cdn.jsdelivr.net/npm/bootstrap-icons@1.7.2/font/bootstrap-icons.css">

  <link rel="stylesheet" href="css/style.css">

  <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.1.3/dist/css/bootstrap.min.css" rel="stylesheet"
    integrity="sha384-1BmE4kWBq78iYhFldvKuhfTAU6auU8tB94WrHftjDbrCEXSU1oBoqyl2QvZ6jIW3"
    crossorigin="anonymous">

  <script src="https://cdn.jsdelivr.net/npm/bootstrap@5.1.3/dist/js/bootstrap.bundle.min.js"
    integrity="sha384-ka7Sk0Gln4gmtz2MlQnikT1wXgYsOg+OMhuP+IIRH9sENBO0LRn5q+8nbTov4+1p"
    crossorigin="anonymous"></script>

  <script src="script.js"></script>

  <title>Student Registration Form</title>

</head>

<body>

  <h3>Student Registration</h3>

  <div class="container">

    <form id="studentForm">

      <label>First Name</label>

      <input type="text" id="firstName" class="form-control" required />

      <br>

      <br>

      <label>Last Name</label>

      <input type="text" id="lastName" class="form-control" required />

      <br>

      <br>

      <label>Gender</label><br>

      <label class="option">
```

```
<input type="radio" name="gender" value="Male" />
Male<span class="checkmarks"></span>
</label>
<label class="option ms-4">
  <input type="radio" name="gender" value="Female" />
  Female<span class="checkmarks"></span>
</label>
</br>
</br>
<label>Phone No</label>
<input type="text" id="phone" class="form-control" required />
</br>
  </br>
<label>City</label>
  <input type="text" id="city" class="form-control" required />
  </br>
    </br>
<label>Department</label><br>
<label class="option">
  <input type="radio" name="dept" value="IT" />
  IT<span class="checkmarks"></span>
</label>
<label class="option">
  <input type="radio" name="dept" value="Comp" />
  Comp<span class="checkmarks"></span>
</label>
<label class="option">
  <input type="radio" name="dept" value="Mech" />
  Mech<span class="checkmarks"></span>
</label>
<label class="option">
  <input type="radio" name="dept" value="ENTC" />
  ENTC<span class="checkmarks"></span>
</label>
</br>
</br>
  <button class="btn btn-primary btn-lg" id="btnAddStudent" type="button">
```

```
        Add student
    </button>
</form>
</div>
</body>
</html>
```

display.html:

```
<!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">
    <link href="https://cdn.jsdelivr.net/npm/bootstrap@5.1.3/dist/css/bootstrap.min.css" rel="stylesheet"
integrity="sha384-1BmE4kWBq78iYhFldvKuhfTAU6auU8tT94WrHftjDbrCEXSU1oBoqyl2QvZ6jIW3"
crossorigin="anonymous">
    <script src="https://cdn.jsdelivr.net/npm/bootstrap@5.1.3/dist/js/bootstrap.bundle.min.js" integrity="sha384-
ka7Sk0GlIn4gmtz2MlQnikT1wXgYsOg+OMhuP+IIRH9sENBO0LRn5q+8nbTov4+1p"
crossorigin="anonymous"></script>
    <script src="https://code.jquery.com/jquery-3.6.0.min.js" integrity="sha256-
/xUj+3OJU5yExlq6GSYGSHk7tPXikynS7ogEvDej/m4=" crossorigin="anonymous"></script>
    <script src="script.js"></script>
    <script src="display.js"></script>
    <title>Registration form-Display-Data</title>
</head>
<body>
    FirstName: <span id="firstName"></span><br>
    LastName: <span id="lastName"></span><br>
    Gender: <span id="gender"></span><br>
    Phone: <span id="phone"></span><br>
    City: <span id="city"></span><br>
    Department: <span id="dept"></span><br>
</body>
</html>
```

script.js:

```
$(document).ready(function () {
    $("#btnAddStudent").click(function () {
```

```

function getStudentData() {
    let student = {
        firstName: $("#firstName").val(),
        lastName: $("#lastName").val(),
        gender: $("input[name='gender']:checked").val(),
        phone: $("#phone").val(),
        city: $("#city").val(),
        dept: $("input[name='dept']:checked").val()
    };
    return student;
}

function storeDataToLocalStorage() {
    if (!localStorage.getItem("student")) {
        localStorage.setItem("student", JSON.stringify(getStudentData()));
    } else {
        localStorage.removeItem("student");
        localStorage.setItem("student", JSON.stringify(getStudentData()));
    }
}

storeDataToLocalStorage();
window.location.href="display.html"
});
});

```

display.js:

```

$(document).ready(function () {
    getData();
});

function getData() {
    let localStorageData = localStorage.getItem("student");
    let studentObj = JSON.parse(localStorageData);
    console.log(studentObj);
    $("#firstName").text(studentObj.firstName);
    $("#lastName").text(studentObj.lastName);
    $("#gender").text(studentObj.gender);
    $("#phone").text(studentObj.phone);
    $("#city").text(studentObj.city);
}

```

```
$("#dept").text(studentObj.dept);  
}
```

Student Registration

First Name
Hitesh

Last Name
Nichit

Gender
☒ Male ☐ Female

Phone No
9579523466

City
Pune

Department
☒ IT ☐ Comp ☐ Mech ☐ ENTC

Add student

34°C Partly sunny

Search

Registration form-Display-Data

FirstName: Hitesh
LastName: Nichit
Gender: Male
Phone: 9579523466
City: Pune
Department: IT