



MCA Department

PRACTICAL SUBMISSION RECORD- A.Y. 2024-25

Class: SYMCA	Div: A	Course Code: MCA01605	Batch: S2
Semester: III	Course Name: Web Programming Laboratory		
Name: Pranav Raju Malwatkar		Roll No: 52037	
CO No: CO606.1		Assignment No: 3	

Title: Write Java Script code which will display Patient Master form having following fields Patient ID, Patient Name, Address, City, Contact Number, Date of Birth. Validate above fields with different criteria.

Code:

3.html

```
<!DOCTYPE html>
<html>
<head>
<title>Patient Master Form</title>
<!-- Bootstrap CSS -->
<link href="https://cdn.jsdelivr.net/npm/bootstrap@5.3.0/dist/css/bootstrap.min.css" rel="stylesheet">
</head>
<body class="bg-light">

<div class="container mt-5">
<h2 class="mb-4">Patient Master Form</h2>
<form id="patientForm" class="card p-4 shadow-sm">
<div class="mb-3">
<label class="form-label">Patient ID:</label>
<input type="text" id="patientId" class="form-control">
</div>
<div class="mb-3">
<label class="form-label">Patient Name:</label>
<input type="text" id="patientName" class="form-control">
</div>
<div class="mb-3">
<label class="form-label">Address:</label>
<textarea id="address" class="form-control"></textarea>
</div>
<div class="mb-3">
<label class="form-label">City:</label>
<input type="text" id="city" class="form-control">
</div>
<div class="mb-3">
<label class="form-label">Contact Number:</label>
<input type="text" id="contact" class="form-control">
</div>
```



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```
<div class="mb-3">
  <label class="form-label">Date of Birth:</label>
  <input type="date" id="dob" class="form-control">
</div>
<button type="submit" class="btn btn-primary">Submit</button>
<p id="errorMsg" class="mt-3 text-danger"></p>
</form>
</div>

<!-- Bootstrap JS Bundle -->
<script src="https://cdn.jsdelivr.net/npm/bootstrap@5.3.0/dist/js/bootstrap.bundle.min.js"></script>
<script src="validate.js"></script> <!-- External JS File -->
</body>
</html>
```

Output:

Patient Master Form

Patient ID:

Patient Name:

Address:

City:

Contact Number:

Date of Birth:

 mm/dd/yyyy

Submit