



Progressive Education Society's  
**MODERN COLLEGE OF ENGINEERING, Pune -05.**  
(An Autonomous Institute Affiliated to Savitribai Phule Pune University)

**MCA Department**

**PRACTICAL SUBMISSION RECORD- A.Y. 2024-25**

<b>Class: SYMCA</b> <b>Semester: III</b>	<b>Div: A</b>	<b>Course Code: MCA01605</b> <b>Course Name: Web Programming Laboratory</b>	<b>Batch: S2</b>
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<b>CO No: CO606.1</b>		<b>Assignment No: 3</b>	

**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>
    </form>
  </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:

Submit