

Lab #1(a)

Lab#1(a) Creating a registration Page with HTML 5 Validation

TAGS USED	ATTRIBUTES USED	DESCRIPTION
<HTML>	--	The HTML tag represents the root element of an HTML document. It is used to enclose all the content of the HTML page.
<HEAD>	--	The HEAD tag is used to define the head section of an HTML document. It contains meta-information about the document.
<TITLE>	--	The TITLE tag is placed inside the HEAD section of an HTML document and is used to specify the title of the page.
<LINK>	rel, href	The LINK tag is used to link external resources to an HTML document. It is commonly used to link CSS files for styling.
<BODY>	--	The BODY tag represents the body section of an HTML document. It contains all the visible content of the web page.
<H1>	--	The H1 tag is used to define a heading level 1.
<FORM>	id, onsubmit	The FORM tag is used to create an HTML form for user input. It has attributes like id and onsubmit.
<TABLE>	--	It is used to create table in html page.
<TR>	--	Used to define row in table.
<TD>	--	Used to define column in table.
<INPUT>	TYPE, ID, NAME, VALUE, REQUIRED	Used to take input from user, It has attributes like type, id, name, value, required.
<TEXTAREA>	row	Used take long input like address from use and it has attributes like row which defines the size of textarea.

Lab #1(a)

Final Outcome:

Register Your Self

Full Name

Email

! Please fill out this field.

Password

Confirm Password

Mobile

DOB

Gender

☐ Male ☐ Female

Address

Submit

Reset

Register Your Self

Full Name

Email

Password

! Please fill out this field.

Confirm Password

Mobile

DOB

Gender

☐ Male ☐ Female


Address

Submit


Reset

Lab #1(a)

Register Your Self


Full Name	<input type="text" value="Deep Faldu"/>
Email	<input type="text" value="deep@gmail.com"/>
Password	<input type="password"/>
Confirm Password	<input type="password"/> <div> Please fill out this field.</div>
Mobile	<input type="text"/>
DOB	<input type="text" value="dd-mm-yyyy"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Address	<input type="text"/>
<div><input type="button" value="Submit"/><input type="button" value="Reset"/></div>	

Register Your Self


Full Name	<input type="text" value="Deep Faldu"/>
Email	<input type="text" value="deep@gmail.com"/>
Password	<input type="password" value="....."/>
Confirm Password	<input type="password"/>
Mobile	<input type="text"/> <div> Please fill out this field.</div>
DOB	<input type="text" value="dd-mm-yyyy"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Address	<input type="text"/>
<div><input type="button" value="Submit"/><input type="button" value="Reset"/></div>	

Lab #1(a)

Register Your Self


Full Name	<input type="text" value="Deep Faldu"/>
Email	<input type="text" value="deep@gmail.com"/>
Password	<input type="password" value="....."/>
Confirm Password	<input type="password" value="asdfghjk"/>
Mobile	<input type="text"/>
DOB	<input type="text" value="dd-mm-yyyy"/>  <div>Please fill out this field.</div>
Gender	<input type="radio"/> Male <input type="radio"/> Female
Address	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	


Register Your Self

Full Name	<input type="text" value="Deep Faldu"/>
Email	<input type="text" value="deep@gmail.com"/>
Password	<input type="password" value="....."/>
Confirm Password	<input type="password" value="asdfghjk"/>
Mobile	<input type="text" value="1234567890"/>
DOB	<input type="text" value="dd-mm-yyyy"/>  <div>Please fill out this field.</div>
Gender	<input type="radio"/> Male <input type="radio"/>
Address	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	

Lab #1(a)

Register Your Self

Full Name	<input type="text" value="Deep Faldu"/>
Email	<input type="text" value="deep@gmail.com"/>
Password	<input type="password" value="....."/>
Confirm Password	<input type="text" value="asdfghjk"/>
Mobile	<input type="text" value="1234567890"/>
DOB	<input type="text" value="25 - 07 - 2023"/> 
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Address	<input type="text"/>

 Please fill out this field.

Code Snippet:

```
<!DOCTYPE html>

<html>

  <head>

    <title>Registration Page</title>

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

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

  </head>

  <body>

    <div class="main_div">

      <h1>Register Your Self</h1>

      <form id="registrationForm" onsubmit="return onSubmit()">

        <table cellpadding="10px">

          <tr>
```



Lab #1(a)

```
<td>Full Name</td>
<td><input type="text" required id="full_name"/></td>
</tr>
<tr>
<td>Email</td>
<td><input type="email" required id="mail"/></td>
</tr>
<tr>
<td>Password</td>
<td><input type="password" required id="pswd"/></td>
</tr>
<tr>
<td>Confirm Password</td>
<td><input type="text" required id="cpswd"/></td>
</tr>
<tr>
<td>Mobile</td>
<td><input type="tel" required id="number"/></td>
</tr>
<tr>
<td>DOB</td>
<td><input type="date" required id="birth"/></td>
</tr>
<tr>
<td>Gender</td>
<td><input type="radio" name="gender" value="Male" id="male"/> Male <input
type="radio" name="gender" value="Female" id="female"/> Female</td>
</tr>
<tr>
```



Lab #1(a)

```
<td>Address</td>
<td><textarea rows="3" required id="add"></textarea></td>
</tr>
<tr style="text-align: center;">
  <td><input type="submit" class="btn"/></td>
  <td><input type="reset" class="btn"/></td>
</tr>
</table>
</form>
</div>
</body>
</html>
```