

**INTERNET AND WEB PROGRAMMING****CSE3002****EXPERIMENT-6**

Design a registration webpage for an insurance company . The HTML form must contain minimum of 10 feilds.Implment the Javascript using regular expression to validate the form fields and also validate the form for empty field submissions.

**Code****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" />
<title>Document</title>
<style>
form {
width: 500px;
margin: 0 auto;
border: 1px solid black;
```

```
padding: 10px;
}
fieldset {
border: 1px solid black;
padding: 10px;
}
legend {
font-weight: bold;
}
label {
display: inline-block;
width: 100px;
text-align: right;
}
input,
select {
margin-bottom: 10px;
}
span {
color: red;
}
</style>
</head>
<body>
```

```
<h1>Registration for INSURANCE</h1>
<form id="insuranceForm" onSubmit="handleSubmit(); return false">
<fieldset>
<legend>Personal Details</legend>
<label><span>*</span>First Name:</label>
<input type="text" name="fname" id="fname" /><br />
<label>Middle Name:</label>
<input type="text" name="mname" id="mname" /><br />
<label><span>*</span>Last Name:</label>
<input type="text" name="lname" id="lname" /><br />
<label><span>*</span>Address:</label>
<input type="text" name="address" id="address" /><br />
<label><span>*</span>Phone:</label>
<input type="number" name="phone" id="phone" /><br />
<label><span>*</span>Email:</label>
<input type="text" name="email" id="email" /><br />
<label><span>*</span>Age:</label>
<input type="number" name="age" id="age" /><br />
<label><span>*</span>Gender:</label>
<select name="gender" id="gender">
<option>M</option>
<option>F</option>
</select>
<br />
```

<label><span>\*</span>Aadhaar Numer:</label>

<input

type="text"

name="aadhaar"

id="aadhaar"

placeholder="0000-0000-0000"

/><br />

</fieldset>

<fieldset>

<legend>Insurance Details</legend>

<label><span>\*</span>Amount of Cover:</label>

<input type="number" name="amount" id="amount" /><br />

<label><span>\*</span>When do you like cover to start:</label>

<input type="date" name="date" id="date" placeholder="dd/mm/yy" /><br

/>

<label>I agree to the terms and conditions:</label>

<input type="checkbox" name="terms" id="terms" /><br />

</fieldset>

<br />

<input type="submit" value="Submit" />

</form>

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

</body>

</html>

## Javascript:-

```
function handleSubmit(){  
var formEl = document.forms.insuranceForm; var formData = new  
FormData(formEl);  
  
var fname = formData.get('fname'); var lname = formData.get('lname'); var  
address = formData.get('address'); var phone = formData.get('phone'); var email  
= formData.get('email'); var age = formData.get('age');  
  
var gender = formData.get('gender'); var aadhaar = formData.get('aadhaar'); var  
amount = formData.get('amount'); var terms = formData.get('terms');  
  
var textReg = /^\\w+/ ;  
  
var addressReg = /^[\\w0-9]+/ ;  
  
var phoneReg = /^[6-9][0-9]{9}$/ ;  
  
var emailReg = /^\\w+@\\w+\\. (com|ac|in)$/ ;  
  
var aadhaarReg = /^[0-9]{4}-[0-9]{4}-[0-9]{4}$/ ;  
  
if(textReg.test(fname)){ if(textReg.test(lname)){  
if(addressReg.test(address)){ if(phoneReg.test(phone)){  
if(emailReg.test(email)){ if(age>=21 && age<=60){  
if(aadhaarReg.test(aadhaar)){  
if(amount>0){  
alert("Registration Complete")  
}  
else{  
  
alert("Enter a valid Amount.")  
  
}  
}
```

```
} else{  
alert("Enter a valid Aadhaar.") }  
  
}  
else{  
alert("Age should be between 21 and 60")  
} }  
else{  
alert("Enter a valid email.")  
} }  
else{  
alert("Enter a valid Phone number.")  
} }  
else{  
alert("Enter a valid Address.") }  
} else{  
alert("Enter a valid Last name.") }  
} else{  
alert("Enter a valid First name.") }  
}
```

## Output:-

Document x +

File | /Users/rohitkrishnan/Desktop/Web%20Development/Exp-6/a.html

### Registration for INSURANCE

**Personal Details**

\*First Name:

Middle Name:

\*Last Name:

\*Address:

\*Phone:

\*Email:

\*Age:

\*Gender:

\*Aadhaar  
Nuner:

**Insurance Details**

\*Amount of  
Cover:

\*When do you  
like cover to  
start:

I agree to the  
terms and  
conditions: ☒

Document x +

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### Registration for INSURANCE

**Personal Details**

\*First Name:

Middle Name:

\*Last Name:

\*Address:

\*Phone:

\*Email:

\*Age:

\*Gender:

\*Aadhaar  
Nuner:

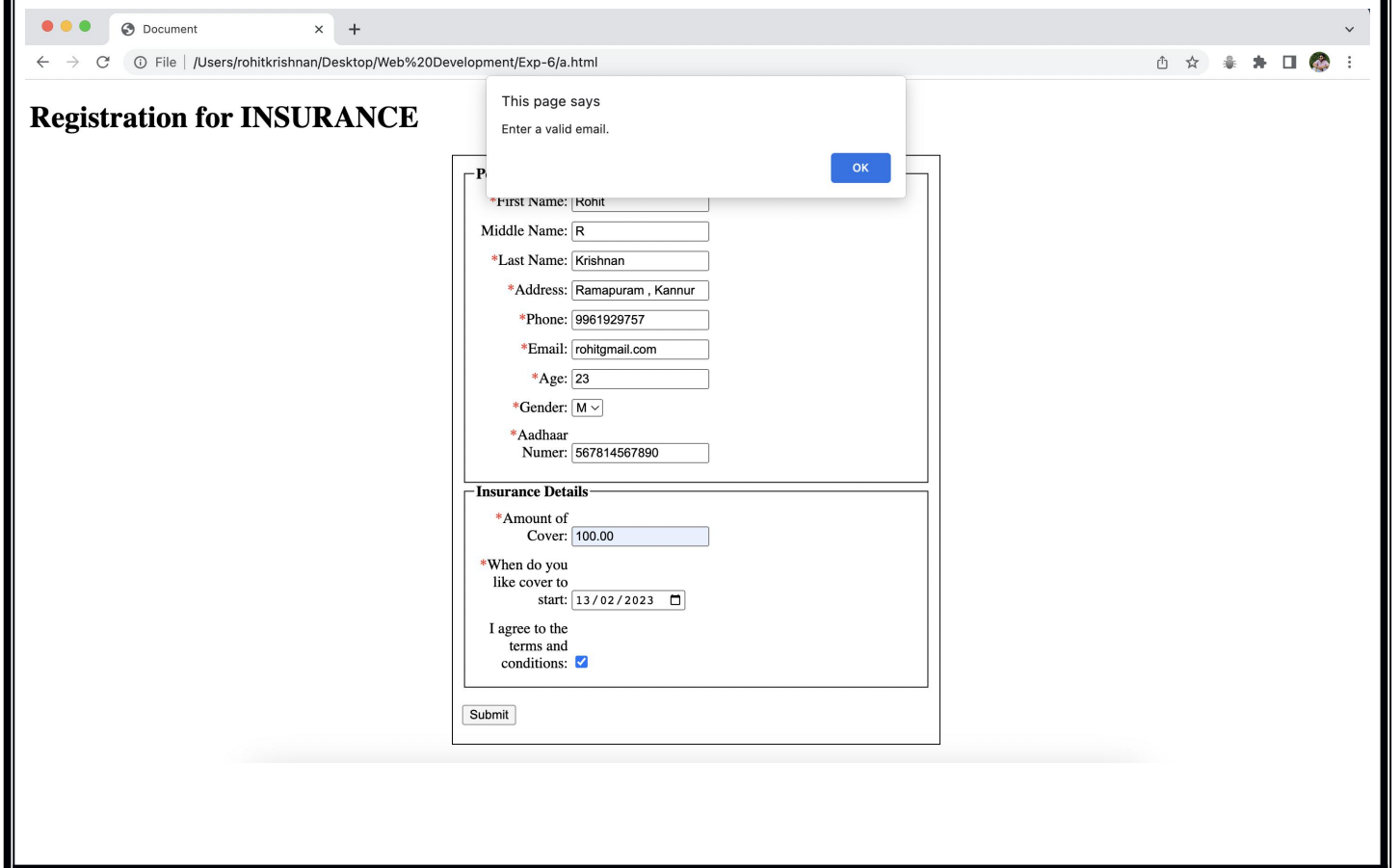
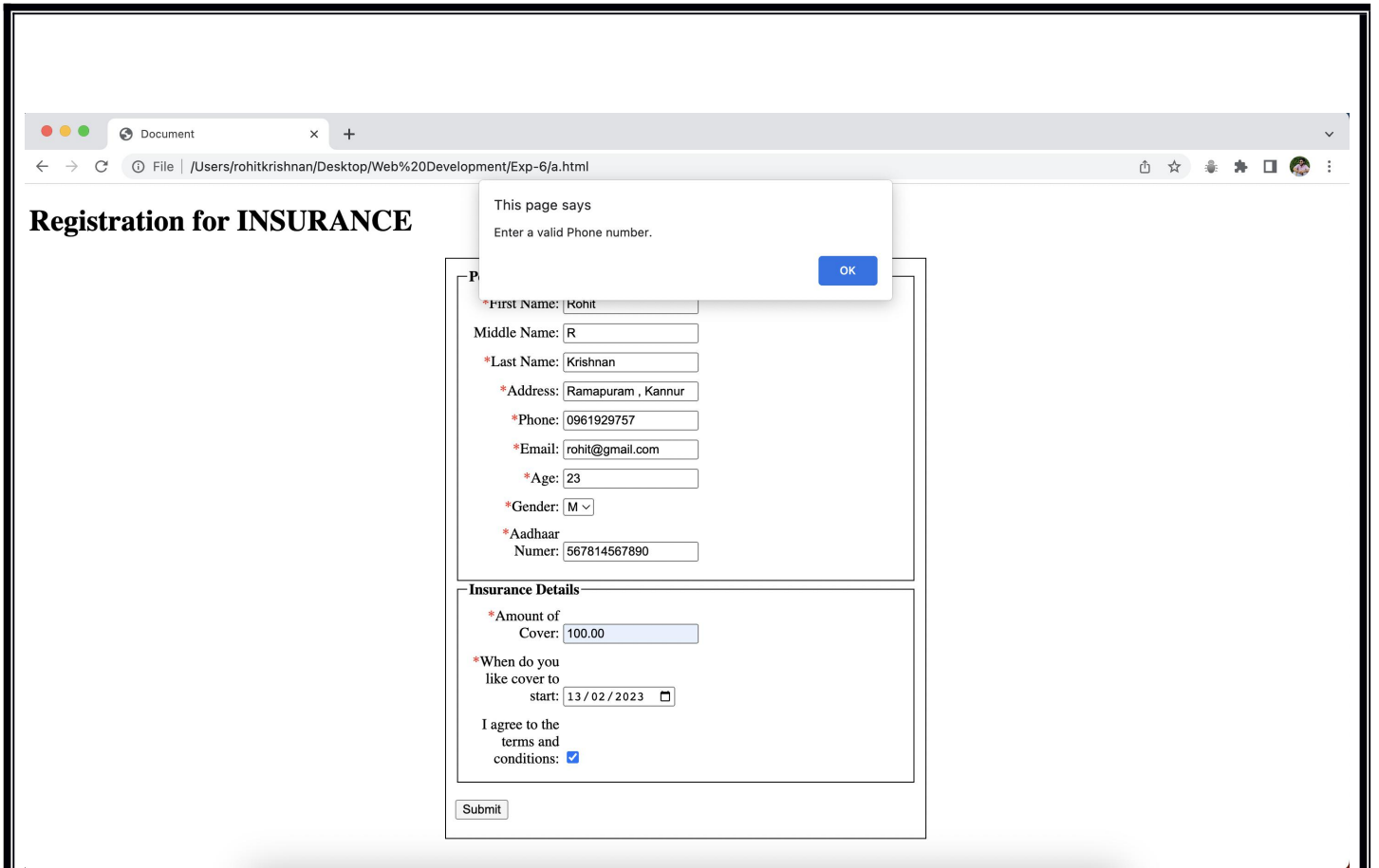
**Insurance Details**

\*Amount of  
Cover:

\*When do you  
like cover to  
start:

I agree to the  
terms and  
conditions: ☒

This page says  
Enter a valid First name.





Document

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Registration for INSURANCE

This page says  
Age should be between 21 and 60

\*First Name: Rohit

Middle Name: R

\*Last Name: Krishnan

\*Address: Ramapuram , Kannur

\*Phone: 9961929757

\*Email: rohit@gmail.com

\*Age: 18

\*Gender: M

\*Aadhaar  
Numer: 567814567890

Insurance Details

\*Amount of  
Cover: 100.00

\*When do you  
like cover to  
start: 13 / 02 / 2023

I agree to the  
terms and  
conditions: ☒

Submit

Document

File | /Users/rohitkrishnan/Desktop/Web%20Development/Exp-6/a.html

Registration for INSURANCE

This page says  
Enter a valid Aadhaar.

\*First Name: Rohit

Middle Name: R

\*Last Name: Krishnan

\*Address: Ramapuram , Kannur

\*Phone: 9961929757

\*Email: rohit@gmail.com

\*Age: 23

\*Gender: M

\*Aadhaar  
Numer: 567814567890

Insurance Details

\*Amount of  
Cover: 100.00

\*When do you  
like cover to  
start: 13 / 02 / 2023

I agree to the  
terms and  
conditions: ☒

Submit

