

Name : Yeole Rohit Subhash.

Roll No. : 3301070

Title: Nurse Registration

Description:

It is a Nurse Registration Form in which user enter data and the data is displayed in new page.

Software requirement: VsCode

Technologies used: HTML,CSS,Bootstrap,JavaScript

code:

index.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" />
    <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" />
    <title>Nurse Registration Form</title>
  </head>

  <body>
    <main class="mt-5 pt-3">
      <div class="container">
        <div class="container-fluid px-4">
          <div class="row g-3 my-2">
            <div class="rounded">
              <div class="h1 my-4 text-center border">Add Nurse Form</div>
              <form id="studentForm">
                <div class="border p-3">
                  <div class="row">
                    <div class="col-md-6 mt-md-3 mt-3">
                      <label>First Name</label>
                      <input
                        type="text"
                        id="firstName">
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        class="form-control"
        required
    />
</div>
<div class="col-md-6 mt-md-3 mt-3">
    <label>Last Name</label>
    <input
        type="text"
        id="lastName"
        class="form-control"
        required
    />
</div>
</div>
<div class="row">
    <div class="col-md-6 mt-md-3 mt-3">
        <label>Birth-Date</label>
        <input
            type="date"
            id="dob"
            class="form-control"
            required
        />
    </div>
    <div class="col-md-6 mt-md-3 mt-3">
        <label>Gender</label>
        <div class="d-flex align-items-center mt-2">
            <label class="option">
                <input type="radio" name="gender" value="male" />
                Male <span class="checkmark"></span>
            </label>
            <label class="option ms-4">
                <input type="radio" name="gender" value="female" />
                Female <span class="checkmark"></span>
            </label>
        </div>
    </div>
</div>
<div class="row">
    <div class="col-md-6 mt-md-3 mt-3">
        <label>Email</label>
        <input
            type="email"
            id="email"
            class="form-control"
            required
        />
    </div>
    <div class="col-md-6 mt-md-3 mt-3">
        <label>Phone Number</label>
        <input

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        type="tel"
        id="contactNo"
        class="form-control"
        required
    />
</div>
</div>
<div class="my-md-3 my-3">
    <label>Section</label>
    <select id="sub" required>
        <option value="" selected hidden>Choose Option</option>
        <option value="Maths">OPD</option>
        <option value="Science">Surgery</option>
        <option value="Social">Emergency</option>

    </select>
</div>
<div class="row">
    <div class="col-md-6 mt-md-3 mt-3">
        <label>Nurse Id</label>
        <input
            type="text"
            id="rollno"
            class="form-control"
            required
        />
    </div>
    <div class="col-md-6 mt-md-3 mt-3">
        <label>Registration Date</label>
        <input
            type="date"
            id="registrationDate"
            class="form-control"
            required
        />
    </div>
</div>

<div class="d-grid mt-4">
    <button
        class="btn btn-primary btn-lg"
        id="btnAddStudent"
        type="button"
    >
        Add Nurse
    </button>
</div>
</div>
</form>
</div>
</div>

```

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        </div>
    </div>
</main>
<script src="./js/bootstrap.bundle.min.js"></script>
<script src="./js/jquery-3.5.1.js"></script>
<script src="./js/myscript.js"></script>
</body>
</html>

```

display-data.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" />
    <link
      rel="stylesheet"
      href="https://cdn.jsdelivr.net/npm/bootstrap-icons@1.4.1/font/bootstrap-
icons.css"
    />
    <link rel="stylesheet" href="css/style.css" />
    <title>Nurse Registration Form</title>
  </head>

  <body>
    <main class="mt-5 pt-3">
      <div class="text-center">
        <i class="bi bi-emoji-smile fs-1 text-primary"></i>
      </div>
      <div class="container">
        <div class="h1 my-4 text-center border">Nurse Data</div>
        <div class="row my-5">
          <div class="card">
            <div class="card-header fw-bolder h5 text-uppercase">
              Nurse Id - <span id="rollno">123</span>
            </div>
            <div class="card-body">
              <h5 class="card-title fw-bold text-uppercase">
                <span id="firstName">Mahehs</span>
                <span id="lastName">Kakde</span>
              </h5>
              <small class="text-uppercase fw-bold text-muted">
                Personal Information
              </small>

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        <hr />
        <p class="card-text fs-6 fw-bold">
            <i class="bi bi-calendar-date me-2"></i>
            Date of Birth -<span id="dob">12/22/2023</span>
        </p>
        <p class="card-text fs-6 fw-bold">
            <i class="bi bi-gender-ambiguous me-2"></i>
            Gender -<span id="gender" class="text-uppercase">Male</span>
        </p>
        <small class="text-uppercase fw-bold text-muted">
            Contact Information
        </small>
        <hr />
        <p class="card-text fs-6 fw-bold">
            <i class="bi bi-envelope me-2"></i>
            Email -<span id="email">mahesh123@gmail.com</span>
        </p>
        <p class="card-text fs-6 fw-bold">
            <i class="bi bi-telephone me-2"></i>
            Mobile No -<span id="contactNo">9270010078</span>
        </p>

        <small class="text-uppercase fw-bold text-muted">
            Working Type Information
        </small>
        <hr />
        <p class="card-text fs-6 fw-bold">
            <i class="bi bi-book me-2"></i>
            Section -<span id="branch">Surgery</span>
        </p>
        <p class="card-text fs-6 fw-bold">
            <i class="bi bi-calendar-date me-2"></i>
            Registration Date -<span id="registrationDate">Male</span>
        </p>

    </div>
</div>
</div>
</div>
</main>
<script src="./js/bootstrap.bundle.min.js"></script>
<script src="./js/jquery-3.5.1.js"></script>
<script src="./js/display-data.js"></script>
</body>
</html>

```

output:

Add Nurse Form

First Name	Last Name
<input type="text"/>	<input type="text"/>
Birth-Date	Gender
<input type="text" value="dd/mm/yyyy"/>	<input type="radio"/> Male <input type="radio"/> Female
Email	Phone Number
<input type="text"/>	<input type="text"/>
Section	
<div>Choose Option</div>	
Nurse Id	Registration Date
<input type="text"/>	<input type="text" value="dd/mm/yyyy"/>
<div>Add Nurse</div>	



Nurse Data

NURSE ID - 123

MAHEHS KAKDE

PERSONAL INFORMATION

Date of Birth -12/22/2023

Gender -MALE

CONTACT INFORMATION

Email -mahesh123@gmail.com

Mobile No -9270010078

WORKING TYPE INFORMATION

Section -Surgery

Registration Date -Male