

# EXPERIMENT-7

## AIM: ADDING VALIDATIONS TO HTML FORM

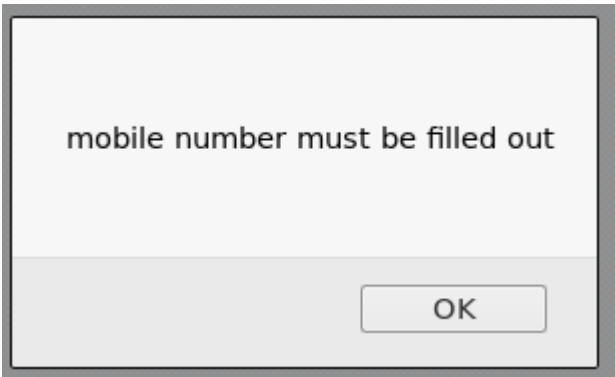
### FIELD REQUIRED VALIDATION:

```
3  <HEAD>
4  <TITLE>BDM</TITLE>
5  <script>
6
7      function validateForm() {
8
9          var x = document.forms["myForm"]["fname"].value;
10         if (x == "") {
11             alert("Name must be filled out");
12             return false;
13         }
14         var y = document.forms["myForm"]["lname"].value;
15         if (x == "") {
16             alert("Name must be filled out");
17             return false;
18         }
19         var z = document.forms["myForm"]["deg"].value;
20         if (x == "") {
21             alert("Designation must be filled out");
22             return false;
23         }
24
25         var str = document.forms["myForm"]["mob"].value;
26         if (str.length==10){
27             if (!(str.match(/(7|8|9)\d{9}/))) {
28                 alert("Invalid mobile number");
29                 return false;
30             }
31         }
32         else
33             alert("Mobile Number should be 10 digit");
34         var stre = document.forms["myForm"]["ee"].value;
35         if (!(stre.match(/^[w+([\\-]?w+)?@w+([\\-]?w+)*\\.w{2,3}+$/))) {
36             alert("Invalid email id");
37             return false;
38         }
39         var strd = document.forms["myForm"]["Dob"].value;
40
41     }
42 </script>
43 <link rel="stylesheet" type="text/css" href="BDM.css">
44 </HEAD>
45
46
```

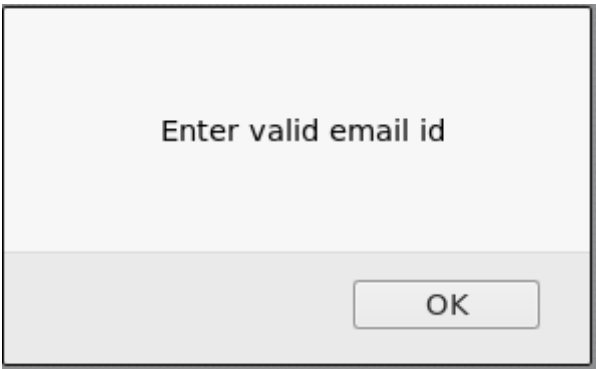
```
96 <form name="myForm" onsubmit="return validateForm()" action="subfor.jsp" method="post" >
97     First name:<span style="color:red">*</span><br><br>
98     <input type="text" name="firstname">
99     <br><br>
100    Last name:<span style="color:red">*</span><br><br>
101    <input type="text" name="lastname">
102    <br><br>
103    Gender:<span style="color:red">*</span><br><br>
104    <input type="radio" name="gender" value="male" checked="checked" Male<br>
105    <input type="radio" name="gender" value="female"> Female<br>
106    <input type="radio" name="gender" value="other"> Other<br><br>
107    Mobile no:<span style="color:red">*</span><br><br>
108    <input type="text" name="mob" ><br><br>
109    Email-id:<span style="color:red">*</span><br><br>
110    <input name="em" type="email"><br><br>
111    Designation:<br><br>
112    <input type="text" name="Designation"><br><br>
113    Date of Birth:<span style="color:red">*</span><br><br>
114    <input type="text" name="Dob"><br><br>
115    LinkedIn profile URL:<br>
116    <input type="text" name="Linkprofile"><br><br>
117    <br><br>
118    <input type="submit" value="Submit">
119 </form>
120
```

**OUTPUT:**

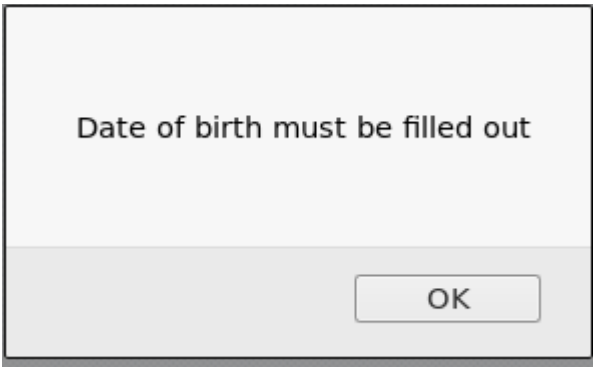
Mobile no:\*



Email-id:\*



Date of Birth:\*



First name:\*

Name must be filled out

OK

Last name:\*

Name must be filled out

OK