



Lab Practice -2 [404184C] : ELECTIVE-III(C) - JavaScript

ACADEMIC YEAR: 2024-25

CLASS	: BE	DIV	: 6	Batch	: P6	DATE	: / /24
Roll No	42130	ABC ID	:			SEMESTER	: I

Experiment No.: 9

Code:

1. Experiment9.html:

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Student Information Form</title>
  <style>
    body {
      display: flex;
      justify-content: center;
      align-items: center;
      height: 100vh;
      margin: 0;
      font-family: Arial, sans-serif;
      text-align: center;
      background-color: #f2f2f2;
    }

    .container {
      border: 1px solid #ddd;
      padding: 20px;
      border-radius: 8px;
      width: 400px;
      background-color: #fff;
      box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
    }

    h1 {
```

```

        color: #007BFF; /* Blue color */
    }

    label {
        font-weight: bold;
        display: block;
        margin-bottom: 5px;
        color: #333;
    }

    input, select {
        margin: 5px;
        padding: 8px;
        width: 90%;
        border: 1px solid #ccc;
        border-radius: 4px;
    }

    button {
        margin: 10px;
        padding: 10px;
        width: 100%;
        background-color: #007BFF; /* Blue color */
        color: white;
        border: none;
        border-radius: 4px;
        cursor: pointer;
        font-size: 16px;
    }

    button:hover {
        background-color: #0056b3; /* Darker blue on hover */
    }

    #result {
        margin-top: 20px;
        font-weight: bold;
        white-space: pre-line;
        color: red; /* Error messages in red */
    }
</style>
</head>
<body>
    <div class="container">
        <h1>Student Information Form</h1>

        <form id="studentForm" onsubmit="return false;">

```

```

<label for="name">Name:</label>
<input type="text" id="name" placeholder="Enter Name">

<label for="address">Address:</label>
<input type="text" id="address" placeholder="Enter Address">

<label for="city">City:</label>
<input type="text" id="city" placeholder="Enter City">

<label for="state">State:</label>
<input type="text" id="state" placeholder="Enter State">

<label for="gender">Gender:</label>
<select id="gender">
  <option value="">Select Gender</option>
  <option value="Male">Male</option>
  <option value="Female">Female</option>
  <option value="Other">Other</option>
</select>

<label for="mobile">Mobile Number:</label>
<input type="text" id="mobile" placeholder="Enter Mobile Number">

<label for="email">Email:</label>
<input type="text" id="email" placeholder="Enter Email Id">

<button type="button" onclick="handleSubmit()">Submit</button>
</form>

<div id="result"></div>
</div>

<script src="exp9.js"></script>
</body>
</html>

```

2. index.js:

```

function handleSubmit() {
  const name = document.getElementById("name").value.trim();
  const address = document.getElementById("address").value.trim();
  const city = document.getElementById("city").value.trim();
  const state = document.getElementById("state").value.trim();
  const gender = document.getElementById("gender").value;

```

```
const mobile = document.getElementById("mobile").value.trim();
const email = document.getElementById("email").value.trim();
const result = document.getElementById("result");

let errorMessages = "";

// Validate name
if (!name) {
    errorMessages += "Please enter a valid name.\n";
}

// Validate address
if (!address) {
    errorMessages += "Please enter an address.\n";
}

// Validate city
if (!city) {
    errorMessages += "Please enter a city.\n";
}

// Validate state
if (!state) {
    errorMessages += "Please enter a state.\n";
}

// Validate gender
if (!gender) {
    errorMessages += "Please select a gender.\n";
}

// Validate mobile number
const mobilePattern = /^[0-9]{10}$/;
if (!mobile) {
    errorMessages += "Please enter a mobile number.\n";
} else if (!mobilePattern.test(mobile)) {
    errorMessages += "Invalid mobile number. It should contain exactly 10 digits.\n";
}

// Validate email
const emailPattern = /^[^s@]+@[^s@]+\.[^s@]+$/;
if (!email) {
    errorMessages += "Please enter an email address.\n";
} else if (!emailPattern.test(email)) {
    errorMessages += "Invalid email address.\nExample address: example@xyz.com\n";
}
```

```
// Display error messages if any
if (errorMessages) {
    result.textContent = errorMessages;
    result.style.color = "red";
    return false;
}

// Redirect to success page upon successful validation
window.location.href = "success.html";
}
```

Output:

1. Webpage:

Student Information Form

Name:
Enter Name

Address:
Enter Address

City:
Enter City

State:
Enter State

Gender:
Select Gender

Mobile Number:
Enter Mobile Number

Email:
Enter Email Id

Submit

2. Invalid inputs:

Student Information Form

Name:
Enter Name

Address:
Enter Address

City:
Enter City

State:
Enter State

Gender:
Select Gender

Mobile Number:
Enter Mobile Number

Email:
Enter Email Id

Submit

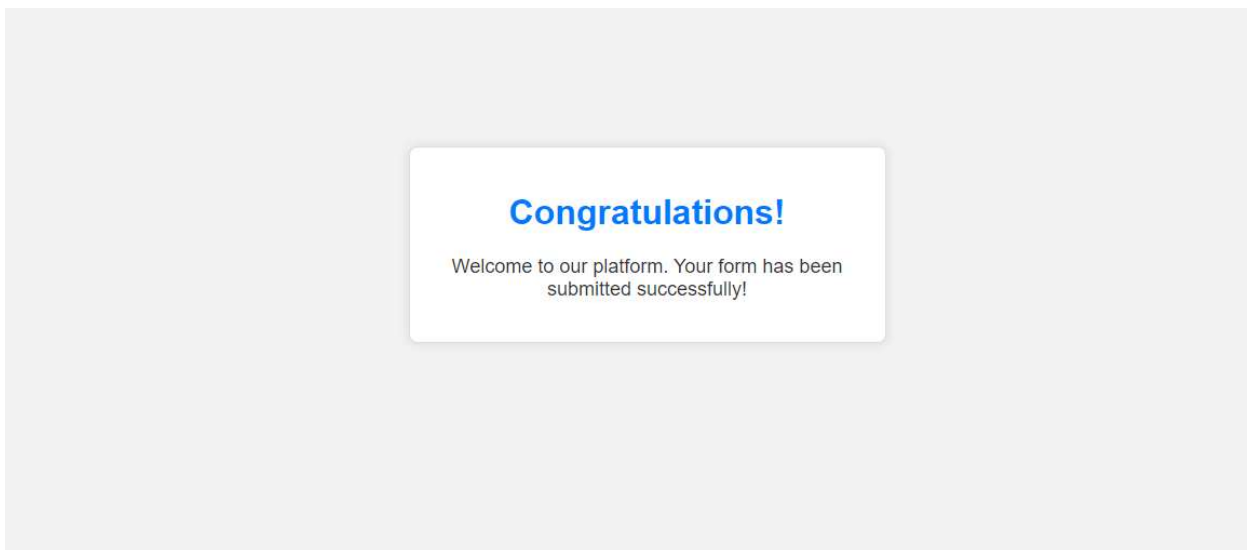
Please enter a valid name.
Please enter an address.
Please enter a city.
Please enter a state.
Please select a gender.
Please enter a mobile number.
Please enter an email address.

3. Invalid Mobile number and Email-Id:

Student Information Form

Name:	<input type="text" value="Nihar"/>
Address:	<input type="text" value="Ramkriushan Hostel"/>
City:	<input type="text" value="Pune"/>
State:	<input type="text" value="Maharashtra"/>
Gender:	<input type="text" value="Male"/>
Mobile Number:	<input type="text" value="7058250805"/>
Email ID:	<input type="text" value="niharjoshi@gmail.com"/>
<input type="button" value="Submit"/>	

4. After valid input submission:



Date:

Course Teacher Sign