Lab Assignment-2

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Course Code: CSE2015

Internet Programming and Web Technologies

Slot: L45+L46

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Class ID: VL2022230504175

CODE:

MAIN PAGE:

```html
<html>
    <head>
        <title>Workshop Registration</title>
        <link rel="stylesheet" href="style1.css">
        <script src="javascript.js"></script>
    </head>
    <body>
        <div id="container">
            <div id="header">
                <div class="title">
                    <h3>Workshop Registration</h3>
                </div>
                <div class="more">More actions</div>
            </div>
                <form name = "Workshop" onsubmit="return validate();">
                    <div id="left">
                        <p><u>Register now while seats are available!</u></p>
                        <br>
                        <label for = "fname">First Name <span>*</span></label>
                        <input type = "text" name = "fname" id = "fname" required>
                        <br>
                        <label for = "lname">Last Name <span>*</span></label>
                        <input type = "text" name = "lname" id = "lname" required>
                        <br>
                        <label for = "comins">Company/Institution<span>*</span></label>
                        <input type = "text" name = "comins" id = "comins">
                        <br>
                        <label for = "addr" id="addr">Address
                        <span>*</span></label>
                        <textarea rows="5" cols = "30" name="addr"></textarea>
                        <br>
                        <label for = "city">City <span>*</span></label>
                        <input type = "text" name = "city" id = "city">
                        <br>
                        <label for = "state">State/Province/Region</label>
                        <select name = "state" id = "state">
                        <option value = "-1">-Select-</option>
                        <option value = "Maha">Maharshtra</option>
                        <option value = "MP">Madhya Pradesh</option>
                        <option value = "TN">Tamil Nadu</option>
                        </select>
                        <br>
                        <label for = "country">Country</label>
                        <select name = "country" id = "country">
                        <option value = "-1">-Select-</option>
                        <option value = "India">India</option>
                        <option value = "Dub">Dubai</option>
```

```html
                    <option value = "Sing">Singapore</option>
                    </select>
                    <br>
                    <label for = "email">Email <span>*</span></label>
                    <input type = "email" name = "email" id = "email">
                    <br>
                    <label for = "phone">Phone Number <span>*</span></label>
                    <input type = "tel" name = "tele" id = "tele" class = "tele">
                </div>
                <div id="right">
                    <p><u>Lunch</u></p>
                    <label for = "meal">Meal Preference</label>
                    <select name = "meal" id = "meal">
                    <option value = "-1">-Select-</option>
                    <option value = "veg">Vegetarian</option>
                    <option value = "nonveg">Non Vegetarian</option>
                    </select>
                    <br>
                    <p><u>Payment Details</u></p>
                    <div id="pay">
                        <label for = "mode">Payment Mode</label>
                        <div class="opt">
                            <input type="checkbox" name = "cash" id = "cash">Cash<br>
                            <input type="checkbox" name = "dd" id = "dd">Demand Draft<br>
                            <input type="checkbox" name = "cheque" id
="cheque">Cheque<br>
                        </div>
                    </div>
                    <label for = "ddcno">DD/Cheque No.</label>
                    <input type="text" name = "ddcno" id = "ddcno">
                    <br>
                    <label for = "bname">Drawn on(Bank name)</label>
                    <input type = "text" name = "bname" id = "bname">
                    <br>
                    <label for = "payat">Payable at</label>
                    <input type="text" name="payat" id = "payat">
                </div>
                <div id="las">
                    <input type="submit" value = "Submit">
                    <input type = "reset" value = "Reset">
                </div>
            </form>
        </div>
    </body>
</html>
```

CSS PAGE:

```css
#container{
    border: 4px solid rgb(1, 203, 129);
    margin: auto;
    position: relative;
    width: 1000px;
    border-radius: 5px;
```

```css
}
#header{
    background-color: rgb(1, 203, 129);
    padding: 10px;
}
#title{
    float: left;
}
#header:after{
    content: "";
    clear: both;
    display: block;
}
#more{
    float: right;
}
#left,#right{
    width: 450px;
    float: left;
    position: relative;
    height: 550px;
    padding: 10px;
    margin: 30px 0px 30px 0px;
}
label{
    font-weight: bold;
}
span{
    color: red;
}
#left{
    padding: 10px;
}
#right{
    padding: 10px;
}
#las{
    text-align: center;
    padding: 10px;
    background-color: #eee;
    position: absolute;
    bottom: 0;
    width: 98%;
    }
#left,#right{
    float: left;
    margin: 30px 0px 30px 0px;
    width: 47%;
    position: relative;
}
#right{
    margin-top: 70px;
}
#container:after{
```

```css
        content: "";
        clear: both;
        display: block;
}
input[type = "text"],input[type = "tel"],input[type = "email"],input[type =
"checkbox"],select,textarea{
        margin: 10px;
        padding: 5px;
        border-radius: 5px;
        border: 1px solid black;
}
label{
        font-weight: bold;
}
#left label,#right label{
        display: inline-block;
        width: 48%;
}
input[type = "text"],input[type = "tel"],input[type = "email"],select,textarea{
        width: 40%;
}
p{
        margin: 0px 0px 10px 0px;
}
.opt{
        float: right;
        position: relative;
        right: 100px;
}
input[type = "submit"],input[type = "reset"]{
        padding: 5px;
        padding-bottom: 20px;
        background-color: rgb(1, 203, 129);
        border: none;
        color: white;
        font-weight: bolder;
        height: 5px;
        width: 100px;
}
#left{
        margin-bottom: 60px;
}
#pay:after{
        content: "";
        clear: both;
        display: block;
}
#addr{
        position: relative;
        bottom: 90px;
}
```

JAVASCRIPT PAGE:

```javascript
function validate(){
    firstval = /^[A-Za-z]{8,10}$/;
    if(!document.Workshop.first.value.match(firstval)){
        alert("Please enter the correct first name");
        return false;
    }
    lastval = /^[A-Za-z]{8,10}$/;
    if(!document.Workshop.last.value.match(lastval)){
        alert("Please enter the correct last name");
        return false;
    }
    compval = /^[A-Za-z0-9 ]{10,15}$/;
    if(!document.Workshop.company.value.match(compval)){
        alert("Please enter the correct company name");
        return false;
    }
    addval = /^[A-Za-z0-9_., ]{5,}$/;
    if(!document.Workshop.address.value.match(addval)){
        alert("Please enter the correct address");
        return false;
    }
    if(document.Workshop.state.selectedIndex == "0"){
        alert("Please choose your state");
        return false;
    }
    if(document.Workshop.country.selectedIndex == "0"){
        alert("Please choose your country");
        return false;
    }
    mailval = /^[a-z0-9._-]+@[a-z]+\.[a-z.]{2,5}$/;
    if(!document.Workshop.email.value.match(mailval)){
        alert("Please enter the correct email address");
        return false;
    }
    phoneval = /^[0-9]{10}$/;
    if(!document.Workshop.phone.value.match(phoneval)){
        alert("Please enter the correct phone number");

        return false;
    }
    if(document.Workshop.meal.selectedIndex == "0"){
        alert("Please choose your meal");
        return false;
    }
    if((document.Workshop.cash.checked == false) && (document.workshop.cheque.checked ==
false) && (document.workshop.dd.checked == false)){
        alert("Please choose the payment mode");
        return false;
    }
    ddval = /^[A-Z]{2}\-[0-9]{6}$/;
    if(!document.Workshop.ddcno.value.match(ddval)){
        alert("Please enter the correct DD/Cheque number");
```

```
            return false;
    }
    bankval = /^[A-Za-z]+$/;
    if(!document.Workshop.bname.value.match(bankval)){
        alert("Please enter the correct bank name");

        return false;
    }
    payval = /^[A-Za-z]+$/;
    if(!document.Workshop.pat.value.match(payval)){
        alert("Please enter the payable at field correctly");
        return false;
    }
}
```


Q2)

CODE:

```
<!-- Write  HTML code for an online product entry form that includes the following:
• Product ID with 2 input types one with Text(length:3) and other with Code (length:6) Format
(ABC -237638)
• Product Name (Maximum string length accepted : 50)
• Quantity (Drop menu maximum only 10)
• Prize ( min 100 and maximum upto 9999)
• Total Value (with no X prize)
• Date of Purchase (Format : DD/MM//YYYY)
• Mobile and E-Mail Validity
*Perform Empty field validations for all the fields -->
<!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">
```

```html
    <link rel="stylesheet" href="prod.css">
    <script src="formValidate18012023.js"></script>
    <title>Form Validation</title>
</head>
<body>
    <form action="#" name="FormVal" onsubmit="return validate()">
        <fieldset>
            <legend>Subscription</Form></legend>
            <label for="name">Name:</label>
            <input type="text" name = "username">
            <br>
            <label for="email">Email:</label>
            <input type="text" name="email" placeholder="abc@gmail.com">
            <br>
            <label for="password">Password:</label>
            <input type="password" id="password">
            <br>
            <label for="cpassword">Confirm Password:</label>
            <input type="cpassword" id="cpassword">
            <br>
            <label for="phone">Phone No:</label>
            <input type="text" name="phone" placeholder="+91 12345 67890">
            <br>
            <input type="submit" name="sub" id="sub" value="submit">
            <br>
        </fieldset>
    </form>
</body>
</html>
```

JAVASCRIPT:

```javascript
function validate(){
    var pass = document.getElementById("password").value;
    var cpass = document.getElementById("cpassword").value;
    var namef = /^[A-Za-z]{1,25}$/;
    if(document.FormVal.username.value == "" ||
document.FormVal.username.value.match(namef)){
        alert("Enter your name");
        document.FormVal.username.focus();
        return false;
    }
    var mailformat = /^[A-Za-z0-9.!#$%&'*+/=?^_`{|}~-]+@[A-Za-z]+\.[a-zA-Z]+$/;
    if(!document.FormVal.email.value.match(mailformat)){
        alert("Enter correct email");
        return false;
    }
    var paasf = /^[A-Z](?=.*[a-z])(?=.*\d)(?=.*[@$*&])[A-Za-z\d@$*&]{8,15}$/;
    if(document.FormVal.password.value==""){
        alert("Enter Password");
        return false;
    }
    if(document.FormVal.cpassword.value==""){
        alert("Confirm your Password");
```

```
            return false;
        }
        if(pass!=cpass){
            alert("Password doesn't match");
            return false;
        }
        var phoformat = /^(\+[0-9]{2,3}[ ])?[0-9]{5}[ ][0-9]{5}$/;
        if(!document.FormVal.phone.value.match(phoformat)){
            alert("Wrong phone number");
            return false;
        }
}
```

CSS:

```
body{
    background-color: rgb(34, 33, 33);
    color: rgb(200, 173, 0);
    /* border-color: rgb(1, 182, 238); */
    text-align: center;
    font-size: larger;
}

input{
    background-color: rgb(34, 33, 33);
    border-color: rgb(1, 182, 238);
    color: rgb(1, 182, 238)
}
#sub{
    color: rgb(200, 173, 0);
}
```