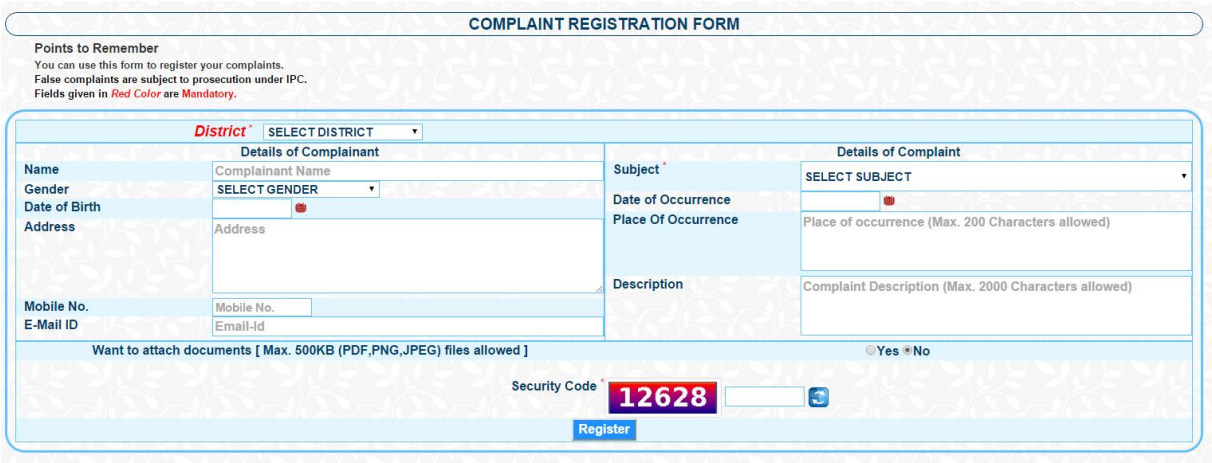
SSN COLLEGE OF ENGINEERING, KALAVAKKAM

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING

Internet Programming Lab – CS8661

Programming Assignment 3 – Creation and validation of Complaint Registration Form

Design the following registration form with the necessary control elements, styles and scripts. Check the validity of each and every control element. If every field satisfies the condition, script should alert “Successful Registration”.



1. Check whether name field has been filled, has valid characters
2. Retrieve the value of gender and print
3. Validate the given date and print
4. Retrieve the address and print
5. Check whether the mobile number field has been filled and has valid number in that
6. Check whether Email-Id field has been filled and has valid email id in that field
7. Select a file from the local file system to upload the document
8. Include radio buttons for Gender and retrieve the value of clicked radio button
9. Include check boxes for Education of Complainant and retrieve the value of clicked checkbox

CODE

ex3.html

```
<html>

<head>

<script src="formea.js"
        type="text/javascript">
</script>

<style type="text/css">
table{
        width:100%
   }
</style>

</head>

<body>

<form>
<table border="1">
<caption>COMPLAINT REGISTRATION FORM</caption>

<tr>
<td colspan="2">
<label>District*:
 <select id="s1" autofocus  required>
        <option disabled selected value="">--select a district--</option>
        <option value="ariyalur">Ariyalur</option>
        <option value="chennai">Chennai</option>
        <option value="kovai">Coimbatore</option>
        <option value="kanchi">Kancheepuram</option>
   <option value="salem">Salem</option>
        <option value="tanjore">Tanjore</option>
 </select>
</label>
</td>
</tr>

<tr>
<th> Details Of Complainant</th>
<th> Details Of Complaint</th>
```

```
</tr>

<tr>
<td>
        <label>Name*:
                <input  id="nameid"
                        type="text"
                        placeholder="Complainant Name"
                        onblur="checkName(id)"
                        >
        </label>
</td>
<td rowspan="2">
  <label>Subject*:
    <select id="s2"  required>
        <option disabled selected value="">--select a subject--</option>
        <option value="road">Roads</option>
        <option value="tax">Taxes</option>
        <option value="current">Electricity</option>
    </select>
  </label>
</td>
</tr>

<tr>
<td>
        <label>Gender
                <br>
                <input  id="i2"
                        type="radio"
                        name="Gender"
                        value="male"
                        checked
                        onchange="checkGender(id)"
                        > Male
                <br>
                <input  id="i3"
                        type="radio"
                        name="Gender"
                        value="female"
                        onchange="checkGender(id)"
                        > Female
                <br>
                <input  id="i4"
                        type="radio"
                        name="Gender"
```

```
                        value="other"
                        onchange="checkGender(id)"
                        > Other
        </label>
</td>
</tr>

<tr>
<td>
        <label>Date Of Birth*:
                <input id="idate" type="text"  placeholder="DD-MM-YYYY"
onchange="checkDob(id)" required >
        </label>
</td>
<td>

        <label>Date Of Occurence:
                <input id ="i5" type="text"  placeholder="DD-MM-YYYY"
onchange="checkDob(id)" required >
        </label>
</td>
</tr>

<tr>
<td rowspan="2">
        <label>Address
                <textarea  id="addid"
                        name="Address"
                        placeholder="Complainant Address"
                        onblur="checkAdd(id)"
                        ></textarea>
        </label>
</td>
<td rowspan="2">
        <label>Place Of Occurence:
        <textarea cols="45" name="address" placeholder="Place Of Occurence( max 200
characters)"></textarea>
        </label>
</td>
</tr>

<tr>
</tr>

<tr>
<td>
```

```
        <label>Mobile Number
                <input  id="mobid"
                        type="text"
                        placeholder="Complainant Mob No"
                        onblur="checkNo(id)"
                        >
        </label>
</td>
<td rowspan="2">
        <label>Description:
        <textarea rows="4"  cols="50" name="address" placeholder="Complaint
Description( max 2000  characters)"></textarea>
        </label>
</td>
</tr>

<tr>
<td>
        <label>Email ID:
        <input type="text" id="emailid" placeholder="Email ID" onblur="checkEmail(id)">
        </label>
</td>
</tr>

<tr>
<td colspan="2">
<label>Education:<br>
<label><input type="checkbox" value="B.E" id="c1" >B.Tech.</label><br>
<label><input type="checkbox" value="M.E" id="c2" >M.Tech.</label><br>
<label><input type="checkbox" value="P.hd" id="c3" >P.hd.</label><br>
</td>
</tr>

<tr >
 <td colspan="2">
        <label>Want to attach documents[max 500KB (PDF,PNG,JPEG files allowed)]
  <input type="radio" name="r2" value="yes" >Yes
  <input type="radio" name="r2" value="no" >No
  <input type="file">
        </label>
</td>
</tr>

<tr>
<td colspan="2" style="text-align:center">
<input type="submit" onclick="display()" value="SUBMIT">
```

```
</td>
</tr>
</table>

</form>
</body>
</html>
```

form.js

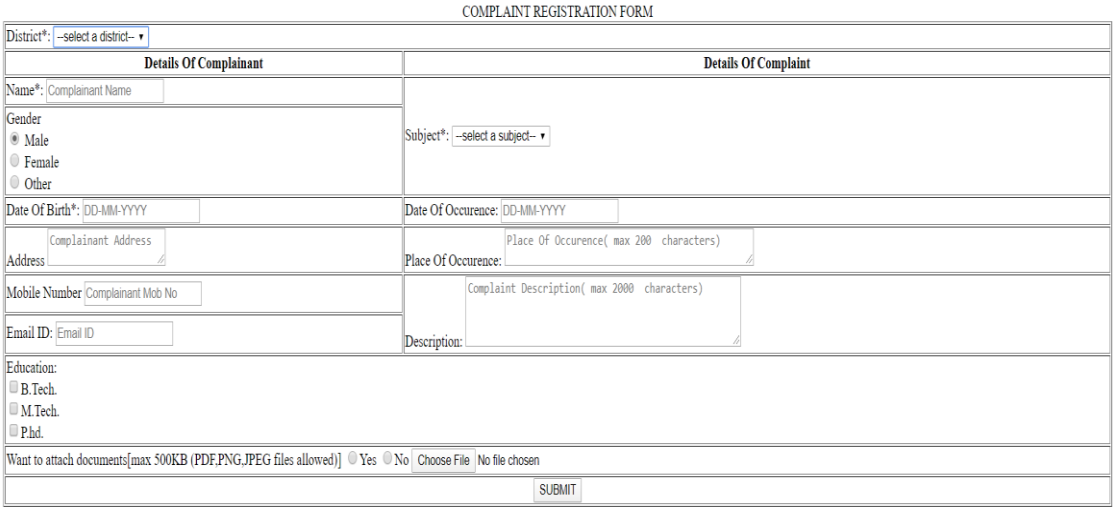
```
function checkName(id)
{

 var input= document.getElementById(id).value;
 if(input==="")
 {
   window.alert("Name is a required field");
 }
 else
  {
          var v1 = new RegExp("^[a-zA-Z]*$");
          if(!v1.test(input))
                  window.alert(input+" is not a valid name");
  }
}

function checkGender(id)
{
   var x= document.getElementById(id)
   if(x.checked === true)
      window.alert("Gender is "+x.value);
}

function checkDob(id)
{
var days_of_mon;
var date=document.getElementById(id).value;
if ( date =="")
{         window.alert("DOB is a required field");
 return;
}
date=date.split("-");
var day=date[0];
var month=date[1];
var year= date[2];
```

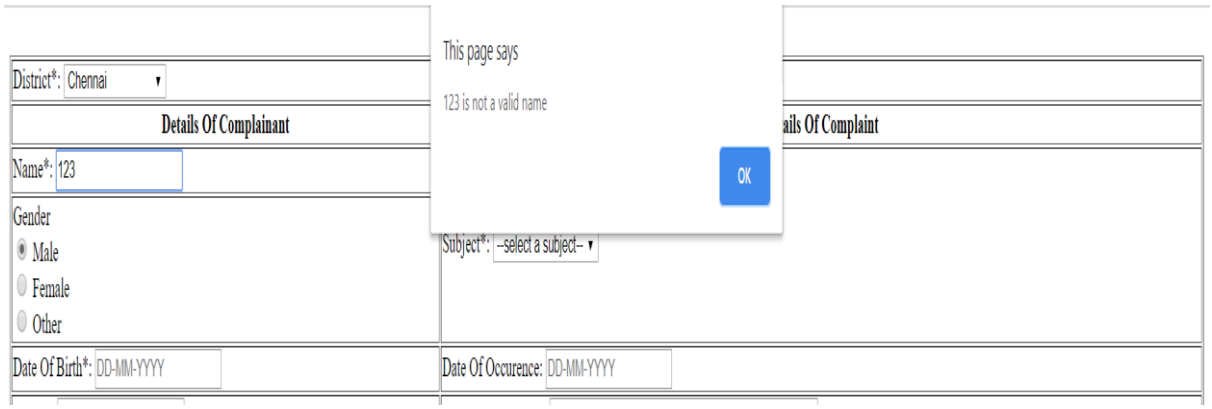
```
//window.alert("dob: "+day+month+year);

var dTest = RegExp("^\\d{4}$");
if (year=="" || !dTest.test(year) || year>2020)
          window.alert(year+" is an invalid year");
else  //yr is valid
{
  if ( month=="" || month<1 || month>12)
          window.alert(month+" is not an valid month");
  else  //yr, mon is valid
  {
    if (day==""  ||  day<1 || day>31 )
                window.alert(day+" is not an valid day");
    else
    {
          year=parseInt(year);
          //window.alert("type"+typeof year);

     if(year%4==0)
          {    days_of_mon=[31,28,31,30,31,30,31,31,30,31,30,31];              }
      else
     { days_of_mon=[31,29,31,30,31,30,31,31,30,31,30,31];           }
           var idx=month-1;
           if (day>days_of_mon[idx])
                      window.alert("The DOB is invalid!");
           else
                      window.alert("Date is "+day+"-"+month+"-"+year);
    }

  }
}

}

function checkAdd(id)
{

 var input= document.getElementById(id).value;
 if(input==="")
    window.alert("Address is a required field");
 else
          window.alert("Your address is: "+input);
}

function checkNo(id)
{
```

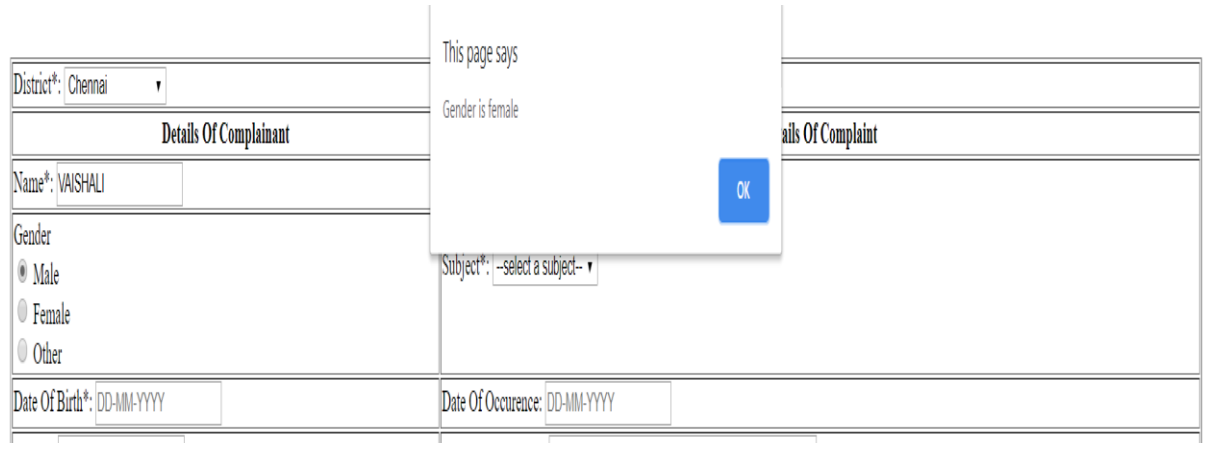
```
 var input= document.getElementById(id).value;
 if(input==="")
 {
   window.alert("Mobile No is a required field");
 }
 else
  {
         var v1 = new RegExp("^\\d{10}$");
         if(!v1.test(input))
                 window.alert(input+" is not a valid no");
  }
}

function checkEmail(id)
{

 var input= document.getElementById(id).value;
 if(input==="")
 {
   window.alert("Email is a required field");
 }
 else
{
 var v2=new RegExp("^(\\w|\\d)*@\\w*.com$");
 if(!v2.test(input))
         window.alert(input+" is not a valid email-id");
}
}

function display()
{
var str="";
var n = document.getElementById("nameid").value;
str+="NAME : "+n+"\n";

var g = document.getElementById("i2");
if (g.checked)
str+="GENDER: "+g.value+"\n";

var g = document.getElementById("i3");
if (g.checked)
str+="GENDER: "+g.value+"\n";

var g = document.getElementById("i4");
if (g.checked)
str+="GENDER: "+g.value+"\n";
```

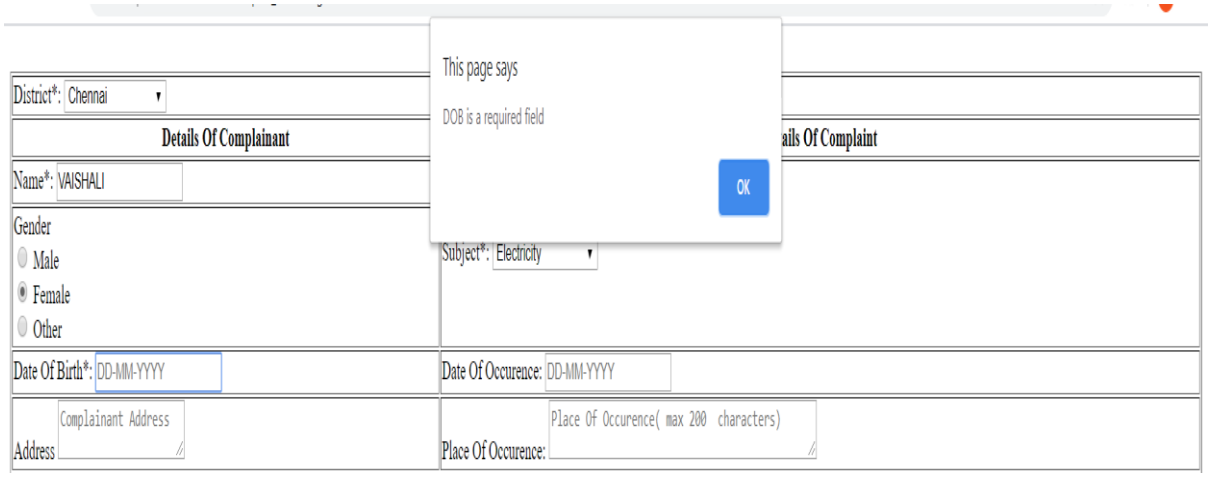
```
var date=document.getElementById("idate").value;
str+="DOB: "+date+"\n";

str+="ADDRESS : "+document.getElementById("addid").value+"\n";

var m = document.getElementById("mobid").value;
str+="MOBILE NUMBER : "+m+"\n";

var m = document.getElementById("emailid").value;
str+="EMAIL ID : "+m+"\n";

var g = document.getElementById("c1");
if (g.checked)
str+="EDUCATION :"+g.value+"\n";

var g = document.getElementById("c2");
if (g.checked)
str+="              "+g.value+"\n";

var g = document.getElementById("c3");
if (g.checked)
str+="              "+g.value+"\n";


window.alert("**********DETAILS**********\n"+str)
;
}
```

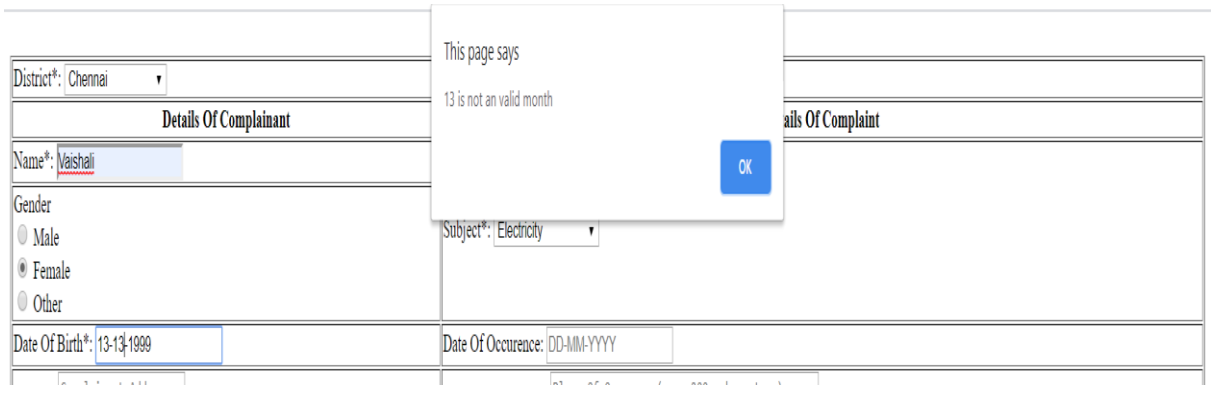
OUTPUT

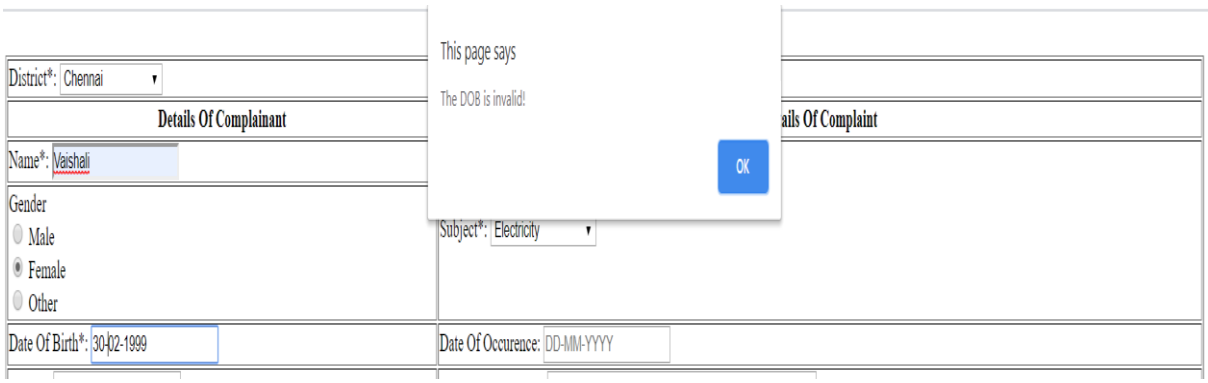


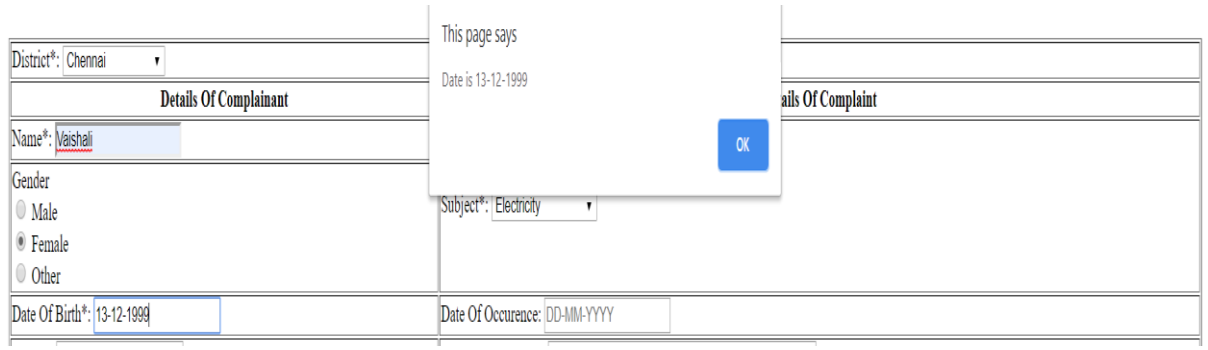

This page says
123 is not a valid name
OK
District*: Chennai
Details Of Complainant
ails Of Complaint
Name*: 123
Gender
Male
Female
Other
Subject*: --select a subject--
Date Of Birth*: DD-MM-YYYY
Date Of Occurence: DD-MM-YYYY

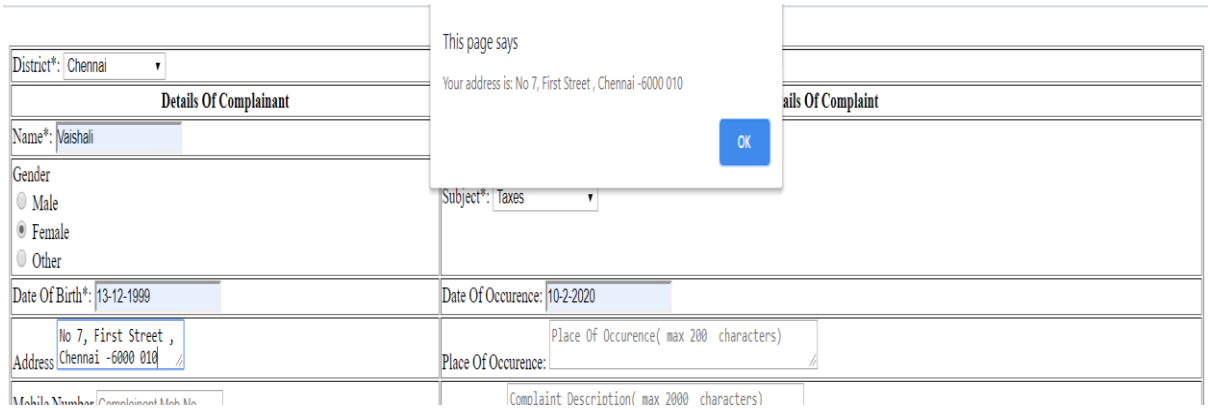

This page says
Gender is female
OK
District*: Chennai
Details Of Complainant
ails Of Complaint
Name*: VAISHALI
Gender
Male
Female
Other
Subject*: --select a subject--
Date Of Birth*: DD-MM-YYYY
Date Of Occurence: DD-MM-YYYY

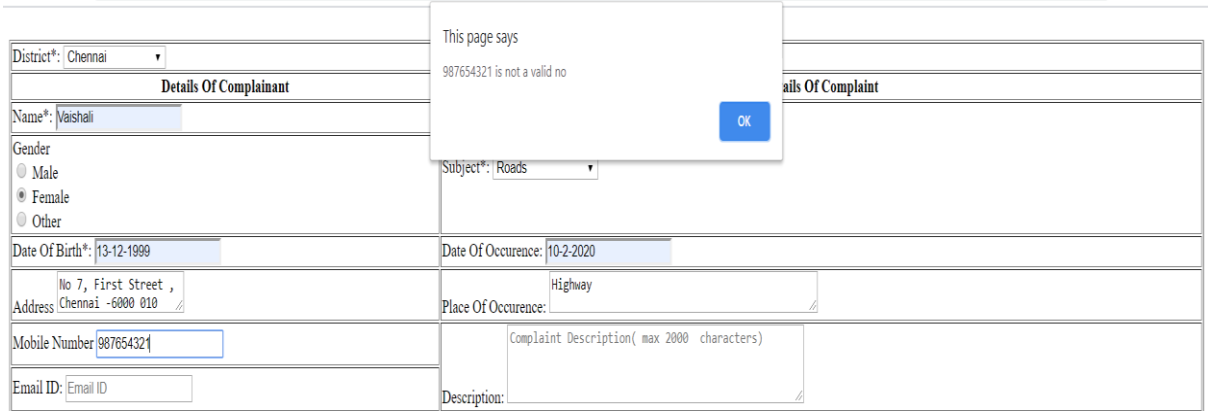

This page says
DOB is a required field
OK
District*: Chennai
Details Of Complainant
ails Of Complaint
Name*: VAISHALI
Gender
Male
Female
Other
Subject*: Electricity
Date Of Birth*: DD-MM-YYYY
Date Of Occurence: DD-MM-YYYY
Address
Complainant Address
Place Of Occurence:
Place Of Occurence(max 200 characters)

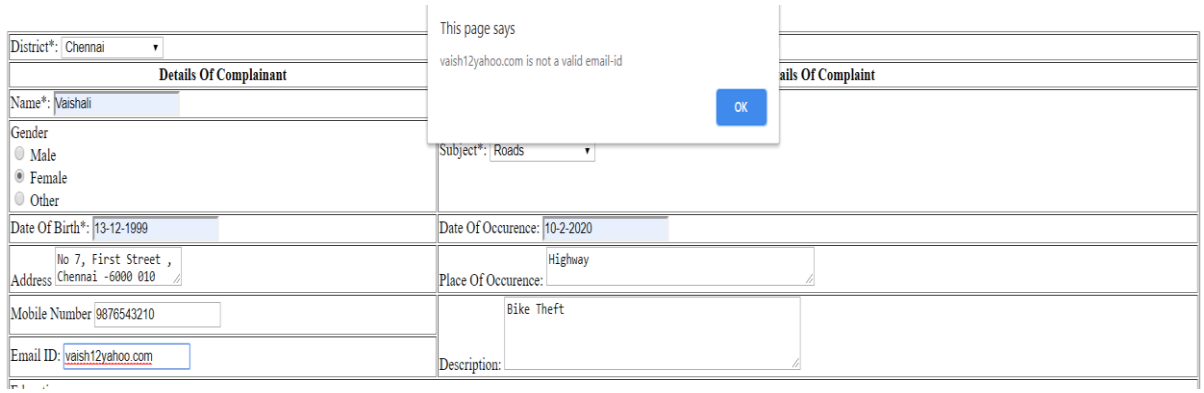

This page says
13 is not an valid month
OK
District*: Chennai
Details Of Complainant
ails Of Complaint
Name*: Vaishali
Gender
Male
Female
Other
Subject*: Electricity
Date Of Birth*: 13-13-1999
Date Of Occurence: DD-MM-YYYY

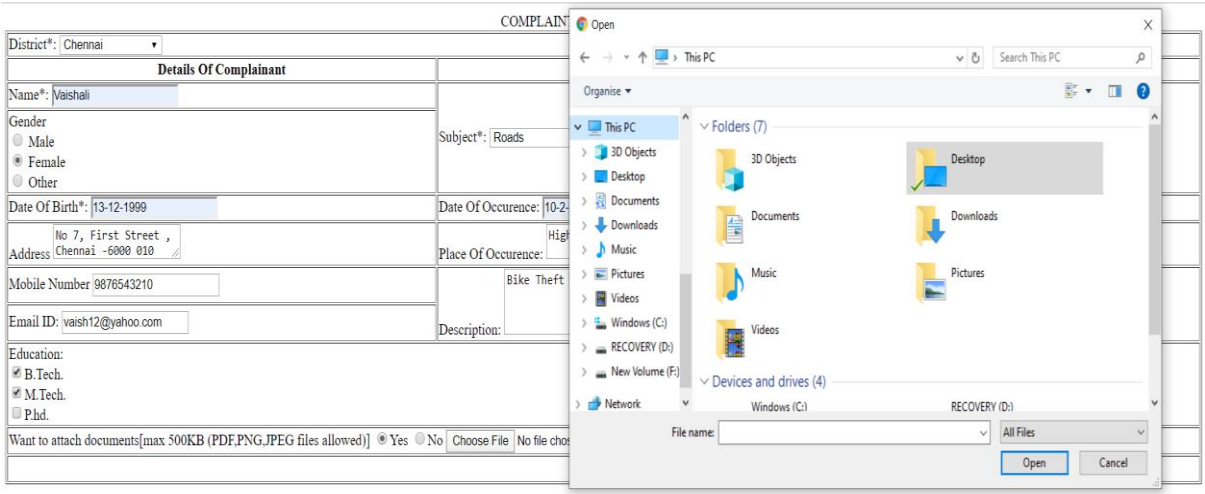

This page says
The DOB is invalid!
OK
District*: Chennai
Details Of Complainant
ails Of Complaint
Name*: Vaishali
Gender
Male
Female
Other
Subject*: Electricity
Date Of Birth*: 30-02-1999
Date Of Occurence: DD-MM-YYYY

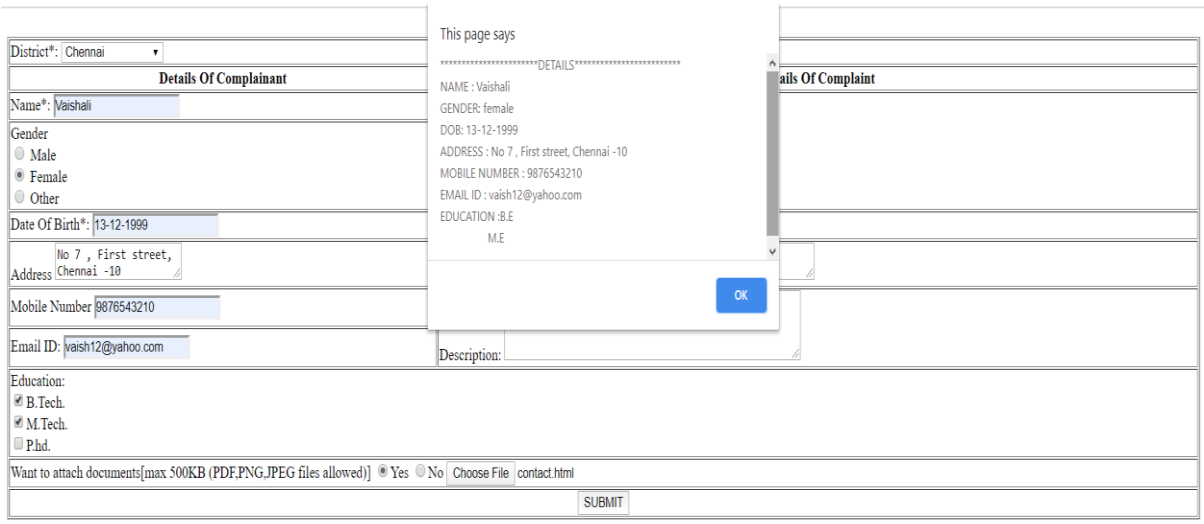

This page says
Date is 13-12-1999
OK
District*: Chennai
Details Of Complainant
ails Of Complaint
Name*: Vaishali
Gender
Male
Female
Other
Subject*: Electricity
Date Of Birth*: 13-12-1999
Date Of Occurence: DD-MM-YYYY


This page says
Your address is: No 7, First Street , Chennai -6000 010
OK
District*: Chennai
Details Of Complainant
ails Of Complaint
Name*: Vaishali
Gender
Male
Female
Other
Subject*: Taxes
Date Of Birth*: 13-12-1999
Date Of Occurence: 10-2-2020
Address: No 7, First Street , Chennai -6000 010
Place Of Occurence: Place Of Occurence(max 200 characters)


This page says
987654321 is not a valid no
OK
District*: Chennai
Details Of Complainant
ails Of Complaint
Name*: Vaishali
Gender
Male
Female
Other
Subject*: Roads
Date Of Birth*: 13-12-1999
Date Of Occurence: 10-2-2020
Address: No 7, First Street , Chennai -6000 010
Place Of Occurence: Highway
Mobile Number: 987654321
Email ID: Email ID
Description: Complaint Description(max 2000 characters)


This page says
vaish12yahoo.com is not a valid email-id
OK
District*: Chennai
Details Of Complainant
Name*: Vaishali
Gender
Male
Female
Other
Date Of Birth*: 13-12-1999
Address: No 7, First Street , Chennai -6000 010
Mobile Number: 9876543210
Email ID: vaish12yahoo.com
Subject*: Roads
Date Of Occurence: 10-2-2020
Place Of Occurence: Highway
Description: Bike Theft


COMPLAINT
District*: Chennai
Details Of Complainant
Name*: Vaishali
Gender
Male
Female
Other
Date Of Birth*: 13-12-1999
Address: No 7, First Street , Chennai -6000 010
Mobile Number: 9876543210
Email ID: vaish12@yahoo.com
Subject*: Roads
Date Of Occurence: 10-2-
Place Of Occurence: High
Description: Bike Theft
Education:
B.Tech.
M.Tech.
P.hd.
Want to attach documents[max 500KB (PDF,PNG,JPEG files allowed)] Yes No Choose File No file cho
Open
This PC
Search This PC
Organise
Folders (7)
3D Objects
Desktop
Documents
Downloads
Music
Pictures
Videos
Devices and drives (4)
Windows (C:)
RECOVERY (D:)
Network
File name:
All Files
Open
Cancel


This page says
**********DETAILS**********
NAME : Vaishali
GENDER: female
DOB: 13-12-1999
ADDRESS : No 7 , First street, Chennai -10
MOBILE NUMBER : 9876543210
EMAIL ID : vaish12@yahoo.com
EDUCATION :B.E
M.E
OK
District*: Chennai
Details Of Complainant
Name*: Vaishali
Gender
Male
Female
Other
Date Of Birth*: 13-12-1999
Address: No 7 , First street, Chennai -10
Mobile Number: 9876543210
Email ID: vaish12@yahoo.com
Description:
Education:
B.Tech.
M.Tech.
P.hd.
Want to attach documents[max 500KB (PDF,PNG,JPEG files allowed)] Yes No Choose File contact.html
SUBMIT