

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*:
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                <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>

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<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">

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        <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>

```

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</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
    {
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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}$");
    }
}

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```

        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;

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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:

The screenshot shows a web browser window with the address bar displaying 'file:///home/4191/Desktop/assign3/ex3.html'. The page title is 'COMPLAINT REGISTRATION FORM'. The form is divided into two main sections: 'Details Of Complainant' and 'Details Of Complaint'. The 'Details Of Complainant' section includes fields for District* (Chennai), Name* (Yadhukrishnan), Gender (Male selected), Date Of Birth* (23-10-1999), Address, Mobile Number, Email ID, and Education (B.Tech. selected). The 'Details Of Complaint' section includes a Subject* dropdown menu, Date Of Occurrence (DD-MM-YYYY), and a text area for the complaint. A date picker modal is open, showing the date 'Date is 23-10-1999' and an 'OK' button. At the bottom of the form, there is a checkbox for 'Want to attach documents[max 500KB (PDF,PNG,JPEG files allowed)]' and a 'SUBMIT' button. A Firefox notification bar at the bottom states: 'It looks like you haven't started Firefox in a while. Do you want to clean it up for a fresh, like-new experience? And by the way, welcome back!'

COMPLAINT REGISTRATION FORM

District*: Chennai

Details Of Complainant	Details Of Complaint
Name*: Yadhukrishnan	Subject*: --select a subject--
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Date Of Occurrence: DD-MM-YYYY
Date Of Birth*: 23-10-1999	
Address: No.8 Rajalakshmi Nagar, Chennai	
Mobile Number: Complainant Mob No	
Email ID: Email ID	
Education: <input type="checkbox"/> B.Tech. <input type="checkbox"/> M.Tech. <input type="checkbox"/> Phd.	
Want to attach documents[max 500KB (PDF,PNG,JPEG files allowed)] <input type="radio"/> Yes <input type="radio"/> No Browse... No file selected.	
SUBMIT	

It looks like you haven't started Firefox in a while. Do you want to clean it up for a fresh, like-new experience? And by the way, welcome back!

Refresh Firefox... X

COMPLAINT REGISTRATION FORM

District*: Chennai

Details Of Complainant	Details Of Complaint
Name*: Yadhukrishnan	Subject*: Roads
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Date Of Occurrence: 02-10-2020
Date Of Birth*: 23-10-1999	
Address: No.8 Rajalakshmi Nagar, Chennai	
Mobile Number: 9962585789	
Email ID: yadhu@gmail.com	
Education: <input checked="" type="checkbox"/> B.Tech. <input type="checkbox"/> M.Tech. <input type="checkbox"/> Phd.	
Want to attach documents[max 500KB (PDF,PNG,JPEG files allowed)] <input checked="" type="radio"/> Yes <input type="radio"/> No Browse... No file selected.	
SUBMIT	

It looks like you haven't started Firefox in a while. Do you want to clean it up for a fresh, like-new experience? And by the way, welcome back!

Refresh Firefox... X

Mozilla Firefox

file:///home/4191/Desktop/assign3/ex3.html

COMPLAINT REGISTRATION FORM

District*: Chennai	
Details Of Complainant	
Name*: Yadhukrishnan	
Gender <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	
Date Of Birth*: 23-10-1999	
Address No. 8 Rajalakshmi Nagar Chennai	
Mobile Number 9962585789	
Email ID: yadhu@gmail.com	
Education: <input checked="" type="checkbox"/> B.Tech. <input type="checkbox"/> M.Tech. <input type="checkbox"/> Phd.	
Want to attach documents[max 500KB (PDF,PNG,JPEG files allowed)] <input checked="" type="radio"/> Yes <input type="radio"/> No Browse... No file selected.	
SUBMIT	
Details Of Complaint	
Subject*: Roads	
Date Of Occurrence: 02-10-2020	
Place Of Occurrence: Chennai	
Description: Accident due to poor maintenance.	

It looks like you haven't started Firefox in a while. Do you want to clean it up for a fresh, like-new experience? And by the way, welcome back!

Refresh Firefox...

Mozilla Firefox

file:///home/4191/Desktop/assign3/ex3.html

COMPLAINT REGISTRATION FORM

District*: Chennai	
Details Of Complainant	
Name*: Yadhukrishnan	
Gender <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	
Date Of Birth*: 23-10-1999	
Address No. 8 Rajalakshmi Nagar Chennai	
Mobile Number 9962585789	
Email ID: yadhu@gmail.com	
Education: <input checked="" type="checkbox"/> B.Tech. <input type="checkbox"/> M.Tech. <input type="checkbox"/> Phd.	
Want to attach documents[max 500KB (PDF,PNG,JPEG files allowed)] <input checked="" type="radio"/> Yes <input type="radio"/> No Browse... No file selected.	
SUBMIT	
Details Of Complaint	
Subject*: Roads	
Date Of Occurrence: 02-10-2020	
Place Of Occurrence: Chennai	
Description: Accident due to poor maintenance.	

*****DETAILS*****

NAME : Yadhukrishnan
GENDER: male
DOB: 23-10-1999
ADDRESS : No.8 Rajalakshmi Nagar Chennai
MOBILE NUMBER : 9962585789
EMAIL ID : yadhu@gmail.com
EDUCATION :B.E

OK

It looks like you haven't started Firefox in a while. Do you want to clean it up for a fresh, like-new experience? And by the way, welcome back!

Refresh Firefox...