

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

COMPLAINT REGISTRATION FORM	
District*: --select a district-- ▼	
<div>Details Of Complainant</div> <div>Details Of Complaint</div>	
Name*: Complainant Name	Subject*: --select a subject-- ▼
Gender <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	
Date Of Birth*: DD-MM-YYYY	Date Of Occurrence: DD-MM-YYYY
Address: Complainant Address	Place Of Occurrence: Place Of Occurrence(max 200 characters)
Mobile Number: Complainant Mob No	Complaint Description(max 2000 characters)
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 <input type="button" value="Choose File"/> No file chosen	
<input type="button" value="SUBMIT"/>	

District*: Chennai	This page says	
Details Of Complainant		
Name*: Vaishali	The DOB is invalid!	ails Of Complaint
Gender	Subject*: Electricity	
<input type="radio"/> Male		
<input checked="" type="radio"/> Female		
<input type="radio"/> Other		
Date Of Birth*: 30-12-1999	Date Of Occurrence: DD-MM-YYYY	

District*: Chennai	This page says	
Details Of Complainant		
Name*: Vaishali	Date is 13-12-1999	ails Of Complaint
Gender	Subject*: Electricity	
<input type="radio"/> Male		
<input checked="" type="radio"/> Female		
<input type="radio"/> Other		
Date Of Birth*: 13-12-1999	Date Of Occurrence: DD-MM-YYYY	

District*: Chennai	This page says	
Details Of Complainant		
Name*: Vaishali	Your address is: No 7, First Street , Chennai -6000 010	ails Of Complaint
Gender	Subject*: Taxes	
<input type="radio"/> Male		
<input checked="" type="radio"/> Female		
<input type="radio"/> Other		
Date Of Birth*: 13-12-1999	Date Of Occurrence: 10-2-2020	
Address No 7, First Street , Chennai -6000 010	Place Of Occurrence: Place Of Occurrence(max 200 characters)	
Mobile Number	Complaint Description(max 2000 characters)	

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

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

District*: Chennai		COMPLAINANT	
Details Of Complainant			
Name*: Vaishali			
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Other		Subject*: Roads	
Date Of Birth*: 13-12-1999		Date Of Occurrence: 10-2-	
Address: No 7, First Street , Chennai -6000 010		Place Of Occurrence: High	
Mobile Number 9876543210		Bike Theft	
Email ID: vaish12@yahoo.com		Description:	
Education: <input checked="" type="checkbox"/> B.Tech. <input checked="" 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 <input type="button" value="Choose File"/> No file cho			

Open

← → ↑ ↓ This PC Search This PC

Organise

▼ This PC

▼ Folders (7)

- 3D Objects
- Desktop
- Documents
- Downloads
- Music
- Pictures
- Videos

▼ Devices and drives (4)

- Windows (C:)
- RECOVERY (D:)
- New Volume (F:)
- Network

File name: All Files

Open Cancel

District*: Chennai		This page says *****DETAILS*****	
Details Of Complainant			
Name*: Vaishali			
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Other		NAME : Vaishali GENDER: female DOR: 13-12-1999 ADDRESS : No 7 , First street, Chennai -10 MOBILE NUMBER : 9876543210 EMAIL ID : vaish12@yahoo.com EDUCATION :B.E M.E	
Date Of Birth*: 13-12-1999			
Address: No 7 , First street, Chennai -10			
Mobile Number 9876543210			
Email ID: vaish12@yahoo.com		Description:	
Education: <input checked="" type="checkbox"/> B.Tech. <input checked="" 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 <input type="button" value="Choose File"/> contact.html			
<input type="button" value="SUBMIT"/>			

first.html

```
<html>
<body>
<form action="Welcome" method="get">
<label>Click this <input type="submit" value="submit">
</input>
<label>
</form>
</body>
</html>
```

hello.java

```
import java.io.*;
import javax.servlet.*;
import javax.servlet.http.*;

public class hello extends HttpServlet {

    public void doGet(HttpServletRequest request, HttpServletResponse response)
        throws IOException, ServletException {

        response.setContentType("text/html");

        PrintWriter out = response.getWriter();

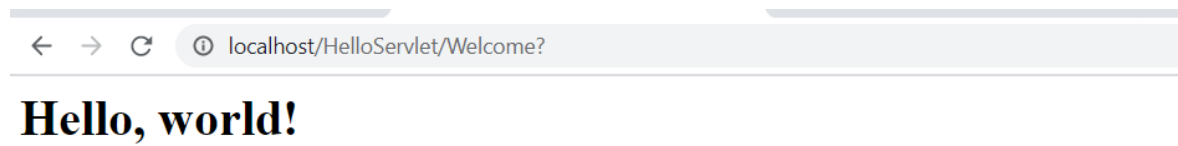
        out.println("<html>");
        out.println("<head><title>Hello World</title></head>");
        out.println("<body>");
        out.println("<h1>Welcome</h1>");
        out.println("</body></html>");
        out.close();
    }
}
```

web.xml

```
<web-app>
    <servlet>
        <servlet-name>HelloServlet</servlet-name>
        <servlet-class>hello</servlet-class>
    </servlet>
<servlet-mapping>
    <servlet-name>HelloServlet</servlet-name>
```

```
        <url-pattern>/Welcome</url-pattern>
</servlet-mapping>
<welcome-file-list>
  <welcome-file>first.html</welcome-file>
</welcome-file-list>
</web-app>
```

OUTPUT



index.html

```
<html>
<body>
<form action="Welcome" method="get">
<label>Click this <input type="submit">
</input>
<label>
</form>
</body>
</html>
```

ipdb.java

```
import java.io.*;
import javax.servlet.*;
import javax.servlet.http.*;
import java.sql.*;

public class ipdb extends HttpServlet {

    public void doGet(HttpServletRequest request, HttpServletResponse response)
        throws IOException, ServletException {

        response.setContentType("text/html");

        PrintWriter out = response.getWriter();

        Connection con;
        Statement stmt;
        ResultSet rs;

        String url="jdbc:mysql://localhost:3306/library";
        String user="root";
        String pass="vaishu";

        out.println("<html>");
        out.println("<head><title>Data, World</title></head>");
        out.println("<body>");

        try{
            Class.forName("com.mysql.jdbc.Driver");
            con=DriverManager.getConnection(url,user,pass);

            String sql;
```

```

        sql="select * from book";

        stmt=con.createStatement();
        rs=stmt.executeQuery(sql);
        while(rs.next())
        {
            out.println("<p>" +rs.getString(1)+"    "+rs.getInt(2)+"</p>");
        }
    }catch(ClassNotFoundException ex){
        out.println("<p>class error"+ex.getMessage()+"</p>");
    }
    catch(SQLException ex){
        out.println("<p>sql error"+ex.getMessage()+"</p>");
    }
    }

    out.println("</body></html>");
    out.close();
}
}

```

web.xml

```

<web-app>
    <servlet>
        <servlet-name>DataServlet</servlet-name>
        <servlet-class>ipdb</servlet-class>
    </servlet>
    <servlet-mapping>
        <servlet-name>DataServlet</servlet-name>
        <url-pattern>/Welcome</url-pattern>
    </servlet-mapping>

</web-app>

```

OUTPUT:

←

→

↻

localhost/DataServlet/

Click this

←

→

↻

localhost/DataServlet/Welcome?

abcd 1234
efgh 4567
lmno 7890
qwer 6120
qwer 6120
cat 4512
rat 8712

```
mysql> use library;
Database changed
mysql> select * from book;
+-----+-----+-----+
| b_name | b_id | avl |
+-----+-----+-----+
| abcd   | 1234 | 0   |
| efgh   | 4567 | 0   |
| lmno   | 7890 | 0   |
| qwer   | 6120 | 1   |
| qwer   | 6120 | 1   |
| cat    | 4512 | 1   |
| rat    | 8712 | 1   |
+-----+-----+-----+
7 rows in set (0.00 sec)

mysql>
```