3.(a) Using HTML design a Login page consisting of fields’ username and password using CSS3 Flex layout. Validate the fields of the login page using JavaScript and Regular expressions.

<!DOCTYPE html>

<html>

<head>

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<style>

/\* CSS3 Flex Layout \*/

.container {

display: flex;

flex-direction: column;

align-items: center;

width: 300px;

background: lightgrey;

border: 2px solid #007BFF;

padding: 20px;

margin: 50px auto;

}

.input-group {

display: flex;

flex-direction: column;

width: 100%;

margin-bottom: 15px;

}

.button-group {

display: flex;

justify-content: space-between;

width: 100%;

}

</style>

</head>

<body>

<h2 style="text-align: center;">Login</h2>

<form onsubmit="return validate()">

<div class="container">

<div class="input-group">

<label for="username">Username:</label>

<input type="text" id="username" placeholder="Enter your username">

</div>

<div class="input-group">

<label for="password">Password:</label>

<input type="password" id="password" placeholder="Enter your password">

</div>

<div class="button-group">

<input type="submit" value="SUBMIT">

<input type="reset" value="CLEAR">

</div>

</div>

</form>

<script>

function validate() {

var username = document.getElementById("username").value;

var password = document.getElementById("password").value;

// Regular expression for username

var usernamePattern = /^[a-zA-Z0-9\_.]+$/;

if (username === "") {

alert("Please enter a username");

return false;

} else if (!usernamePattern.test(username)) {

alert("Username should contain only alphanumeric characters, underscores ('\_'), or dots ('.')");

return false;

}

if (password === "") {

alert("Please enter a password");

return false;

} else if (password.length < 6) {

alert("Password should be at least 6 characters long");

return false;

}

alert("Login successful"); // If validation passes

return true;

}

</script>

</body>

</html>

------------------------------------------------------------------------------------

5.(a) Design and validate a responsive Login page consisting of fields username and password using Bootstrap 5.

<!DOCTYPE html>

<html>

<head>

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<link href="https://cdn.jsdelivr.net/npm/bootstrap@5.3.3/dist/css/bootstrap.min.css" rel="stylesheet">

<script src="https://cdn.jsdelivr.net/npm/bootstrap@5.3.3/dist/js/bootstrap.bundle.min.js"></script>

</head>

<body>

<h2 class="text-center">Login</h2>

<form class="was-validated" name="login form" method="post" action="">

<div class="container border border-primary p-3" style="width: 40%;">

<div>

<label class="form-label p-1 m-1">Username:</label>

<input class="form-control form-control-lg p-3" type="text" placeholder="Enter Username" name="t1" required>

<div class="valid-feedback">Valid</div>

<div class="invalid-feedback">Please enter your username</div>

</div>

<div>

<label class="form-label p-1 m-1">Password:</label>

<input class="form-control form-control-sm p-3" type="password" placeholder="Enter Password" name="t2" required>

<div class="valid-feedback">Valid</div>

<div class="invalid-feedback">Please enter your password</div>

</div>

<div class="mt-3">

<input type="submit" value="SUBMIT" class="btn btn-primary">

<input type="reset" value="CLEAR" class="btn btn-secondary">

</div>

<div class="text-center mt-2">

<a href="register.html"><b>SIGN UP</b></a>

</div>

</div>

</form>

</body>

---------------------------------------------------------------------------------

6.(a)Using HTML design a Registration page consisting of fields username, password, confirm password, mobile number, email-id, date of birth, gender, state, address, zipcode. Validate the fields of the Registration page using Javascript and Regular expressions.

<html>

<head>

<script>

function validate()

{

      var mexp=/^[0-9]{10}$/;

      var mu=document.getElementById("mb").value;

      var zexp=/^[0-9]{6}$/;

      var zu=document.getElementById("zip").value;

      var dob=document.getElementById("d1").value;

      if(document.getElementById("fn").value=="")

      {

       alert("Please Enter firstname");

       return false;

}

      else if(document.getElementById("ln").value=="")

      {

       alert("Please Enter last name");

       return false;

}

      else if(document.getElementById("em").value=="")

      {

       alert("Please Enter email");

       return false;

}

      else if(document.getElementById("pwd").value=="")

      {

       alert("Please Enter password");

       return false;

}

      else if(document.getElementById("pwd").value != document.getElementById("rpwd").value)

      {

       alert("Please Re-type password");

       return false;

}

      else if(document.getElementById("mb").value=="")

      {

       alert("Please Enter mobile number");

       return false;

}

      else if(mexp.test(mu)==false)

      {

       alert("mobile number should contain exactly 10 digits");

       return false;

}

      else if (dob == "") {

alert("Select Date of Birth");

return false;

}

      else if(document.getElementById("ma").checked==false && document.getElementById("fa").checked==false )

      {

       alert("Please select gender");

       return false;

}

      else if(document.getElementById("addr").value=="")

      {

       alert("Please Enter address");

       return false;

}

      else if(document.getElementById("st").selectedIndex==0)

      {

       alert("Please select state");

       return false;

}

      else if(document.getElementById("ct").selectedIndex==0)

      {

       alert("Please select city");

       return false;

}

      else if(document.getElementById("zip").value=="")

      {

       alert("Please Enter zipcode");

       return false;

}

      else if(zexp.test(zu)==false)

      {

       alert("Invalid zipcode should contain 6 digits");

       return false;

}

      else if(document.getElementById("agree").checked==false)

      {

       alert("Please accept the terms & conditions ");

       return false;

}

      else if(dob !=""){

      today=new Date();

      udate=new Date(dob);

      if(udate >= today)

      {

      alert("Please select valid date ");

       return false;

}

      else

      {

       alert("validation Successful");

       return true;

}

}

}

</script>

</head>

<body>

<h1 align=center>Registration Form</h1>

<form name="register" action="" method="post" onsubmit="return validate()">

<table cellspacing=10 cellpadding=20 align=center bgcolor=lightblue>

<tr>

<td><label>FirstName:</label></td>

<td><input type="text" placeholder="Enter Firstname" name="t1" id="fn"></td>

</tr>

<tr>

<td><label>LastName:</label></td>

<td><input type="text" placeholder="Enter Lastname" name="t2" id="ln"></td>

</tr>

<tr>

<td><label>Email id</label></td>

<td><input type="email" placeholder="Enter Email id" name="t3" id="em"></td>

</tr>

<tr>

<td><label>Password:</label></td>

<td><input type="password" placeholder="Enter Password" name="t4" id="pwd"></td>

</tr>

<tr>

<td><label>Re-type password:</label></td>

<td><input type="password" placeholder="Re-type password" name="t5" id="rpwd"></td>

</tr>

<tr>

<td><label>Mobile No:</label></td>

<td><input type="text" placeholder="Enter Mobile Number" name="t6" id="mb"></td>

</tr>

<tr>

<td><label>Date of birth:</label></td>

<td><input type="date" name="t7" id="d1"></td>

</tr>

<tr>

<td><label>Gender:</label></td>

<td><input type="radio" value="male" name="g" id="ma">MALE&nbsp;

<input type="radio" value="Female"name="g" id="fa">FEMALE&nbsp;

</tr>

<tr>

<td><label>Address:</label>

<td><textarea rows=5 cols=18 id="addr"></textarea></td>

</tr>

<tr>

<td><label>State:</label></td>

<td><select name="st" id="st">

<option>SELECT STATE</option>

<option value="telangana">Telangana</option>

<option value="andhra pradesh">Andhrapradesh</option>

<option value="tamilnadu">Tamilnadu</option>

</td>

</tr>

<tr>

<td><label>City:</label></td>

<td><select name="ct" id="ct">

<option>SELECT CITY</option>

<option value="hyderabad">Hyderabad</option>

<option value="khammam">khammam</option>

</td>

</tr>

<tr>

<td><label>Zipcode:</label></td>

<td><input type="text" placeholder="Enter Zipcode" name="t8" id="zip"></td>

</tr>

<tr>

<td colspan=2>

<input type="checkbox" name="c1" value="agree" id="agree" checked>

I agree to the terms & conditions

</td>

</tr>

<tr align=center>

<td><input type="submit" value="SUBMIT" ></td>

<td><input type="reset" value="CLEAR" ></td>

</tr>

</table>

</form>

</body>

----------------------------------------------------------------------

13. (a) Design and validate a responsive Registration page consisting of fields username, password, confirm password, mobile number, email-id, date of birth, gender, state, address, zipcode using Bootstrap 5.

<head>

<link href="https://cdn.jsdelivr.net/npm/bootstrap@5.3.3/dist/css/bootstrap.min.css" rel="stylesheet">

<script src="https://cdn.jsdelivr.net/npm/bootstrap@5.3.3/dist/js/bootstrap.bundle.min.js"></script>

</head>

<body>

<h2 align="center">Registration Form</h2>

<br>

<div class="container"style="width:35%;border:2px solid black">

<form class="was-validated" name="register" action="" method="post">

<div class="was-validated">

<Label class="form-label">First Name:</label>

<input class="form-control" type="text" placeholder="Enter Firstname" name="t1" required>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="was-validated">

<Label class="form-label">Last Name:</label>

<input class="form-control" type="text" placeholder="Enter Lastname" name="t2" required>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="was-validated">

<Label class="form-label">Email-id:</label>

<input class="form-control" type="email" placeholder="Enter Email id" name="t3" required>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="was-validated">

<Label class="form-label">Password:</label>

<input class="form-control" type="Password" placeholder="Enter Password" name="t4" required>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="was-validated">

<Label class="form-label">Retype Password:</label>

<input class="form-control" type="password" placeholder="Re-type Password" name="t5" required>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="was-validated">

<Label class="form-label">Mobile Number:</label>

<input class="form-control" type="text" placeholder="Enter mobile" name="t6" maxlength=10 required>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="was-validated">

<Label class="form-label">Date Of Birth:</label>

<input class="form-control" type="date" placeholder="Enter Date of birth" name="t7" required>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="was-validated">

<label class="form-label">Gender:</label>

<div class="form-check">

<input class="form-check-input" type="radio" name="gender" value="male" required>

<label class="form-check-label">Male</label>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="form-check">

<input class="form-check-input" type="radio" name="gender" value="female" required>

<label class="form-check-label">Female</label>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="was-validated">

<Label class="form-label">Address:</label>

<textarea class="form-control" rows="3" name="t9" required ></textarea>

<div class="invalid-feedback">invalid</div>

</div>s

<div>

<label>State:</label>

<select class="form-select" name="city" required>

<option value="" disabled selected>SELECT STATE</option>

<option value="Telangana">Telangana</option>

<option value="Andhra Pradesh">Andhra Pradesh</option>

</select>

<div class="invalid-feedback">Please select your city.</div>

</div>

<div>

<label>City:</label>

<select class="form-select" name="city" required>

<option value="" disabled selected>SELECT CITY</option>

<option value="Hyderabad">Hyderabad</option>

<option value="Lb Nagar">Lb Nagar</option>

</select>

<div class="invalid-feedback">Please select your city.</div>

</div>

<div class="was-validated">

<Label class="form-label">Zip Code:</label>

<input class="form-control" type="text" placeholder="Enter zip code" name="t8" maxlegth=6 required>

<div class="valid-feedback">valid</div>

<div class="invalid-feedback">invalid</div>

</div>

<div class="form-check">

<input class="form-check-input" type="checkbox" name="c1" value="agree" checked>

<label class="form-check-label">I agree Terms& conditions and Privacy Policies</label>

</div>

<div align="center">

<input type="submit" value="SUBMIT" name="b1" class="btn btn-primary">

<input type="reset" value="RESET" name="b1" class="btn btn-danger">

</div>

</form>

</div>

</body>

------------------------------------------------------