```
<html>
<body>
<h1 style="color:red;">Inline Function</h1>
<h2 style="color:green;">My Profile</h2>
<form action="/action_page.php">
  <label for="fname">First name:</label><br>
  <input type="text" id="fname" name="fname" value="Lailathulafrin"><br>
  <label for="lname">Last name:</label><br>
  <input type="text" id="lname" name="lname" value="A"><br><br><br></pr>
  <label for="lname">City:</label><br/><input type="text" id="lname" name="lname" value="Sivagangai"><br/><br/><input type="text" id="lname" name="lname" value="Sivagangai"><br/><br/><br/>
  <label for="lname">State:</label><br>
  <input type="text" id="lname" name="lname" value="Tamil Nadu"><br><br>
  <input type="submit" value="Submit">
</form>
</body>
<head>
<style>
        h1{color: light-green;}
        h2{color: pink;}
        p{color: red;}
</style>
</head>
<body>
<h1>Internal Function</h1>
<h2>My Profile</h2>
<
.
<form action="/action_page.php">
  <label for="fname">First name:</label><br>
  <input type="text" id="fname" name="fname" value="Lailathulafrin"><br>
  <label for="lname">Last name:</label><br><input type="text" id="lname" name="lname" value="A"><br><br>
  <label for="lname">college name:</label><br>
<input type="text" id="lname" name="lname" value="Saveetha Engg College"><br>
<label for="lname">DOB:</label><br></label></label></label></label></label></label>
  <input type="date" id="lname" name="lname" value="21-11-2003"><br><label for="lname">City:</label><br>
  cinput type="text" id="Iname" name="lname" value="Sivagangai"><br>
<label for="lname">State:</label><br>
  <input type="text" id="lname" name="lname" value="Tamil Nadu"><br><br><br></pr>
  <input type="submit" value="Submit">
</form>
</body>
<body>
<link rel="stylesheet" href="style.css">
<h1>External Function</h1>
<h2>My Profile</h2>
<form>
  <label for="fname">First name:</label><br><input type="text" id="fname" name="fname" value="Lailathulafrin"><br>
  <label for="lname">Last name:</label><br>
  <input type="text" id="lname" name="lname" value="A"><br><br>
  <label for="lname">college name:</label><br>
  <input type="text" id="lname" name="lname" value="Saveetha Engg College"><br><br></pr>
  <label for="lname">DOB:</label><br>
  <input type="date" id="lname" name="lname" value="21-11-2003"><br><br>
  <label for="lname">City:</label><br>
<input type="text" id="lname" name="lname" value="Sivagangai|"><br>
<label for="lname">State:</label><br>
  <input type="text" id="lname" name="lname" value="Tamil Nadu"><br><br></pr>
  <input type="submit" value="Submit">
</form>
</body>
</html>
```

```
body {
  background-color: white;
}
h1 {
  color: navy;
  margin-left: 20px;
}
h2 {
  color: blue;
  margin-left: 20px;
}

p {
  color: yellow;
  margin-left: 20px;
}
```

## **Inline Function**

#### My Profile

First name:
Lailathulafrin
Last name:
A
college name:
Saveetha Engg College
DOB:
mm/dd/yyyy
City:
Sivagangai
State:
Tamil Nadu
Submit
Internal

# **Internal Function**

#### My Profile

First name:
Lailathulafrin
Last name:
Α
college name: Saveetha Engg College
DOB:
City:
State:
Submit

## **External Function**

# My Profile

First name:
Lailathulafrin
Last name:
A
college name: Saveetha Engg College
DOB:
City: Sivagangai
State: Tamil Nadu

Submit