

```

<html>
<body>
<h1 style="color:red;">Inline Function</h1>
<h2 style="color:green;">My Profile</h2>
<p style="color:purple;">
<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><br>
  <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><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>
</p>
</body>

<head>
<style>
  h1{color: light-green;}
  h2{color: pink;}
  p{color: red;}
</style>
</head>
<body>
<h1>Internal Function</h1>
<h2>My Profile</h2>
<p>
<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><br>
  <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><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>
</p>
</body>

<body>
<link rel="stylesheet" href="style.css">
<h1>External Function</h1>
<h2>My Profile</h2>
<p>
<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>
  <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><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>
</p>
</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:

Last name:

college name:

DOB:

City:

State:

## Internal Function

### My Profile

First name:

Last name:

college name:

DOB:

City:

State:

## External Function

### My Profile

First name:

Last name:

college name:

DOB:

City:

State: