```
body {
   background-color: white;
}

h1 {
   color: navy;
   margin-left: 20px;
}

h2 {
   color: blue;
   margin-left: 20px;
}

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

```
<html>
<body>
chlsy/
chl style="color:red;">Inline Function</hl>
chl style="color:green;">My Profile</hl>
cp style="color:purple;">
<label for="lname">Last name://label><br><input type="text" id="lname" name="lname" value="M`"><br>><br>
       <Input type= text Id= Indiane Indiane Value= in >\text{NOTYOF}
<label for="lname">\college name: \/ label >\text{trye}
<input type="text" id="lname" name="lname" value="Saveetha Engg College">\text{trye}
        <label for="lname">DOB:</label><br>
       <label for="Iname">DOB:<//label><br/><input type="date" id="lname" name="lname" value="01-10-2003"><br><br><label for="lname">City:</label><br><input type="text" id="lname" name="lname" value="Chidambaram"><br><br><label for="lname">State:</label><br/><br></label for="lname">State:</label><br></label><br/>
       <input type="text" id="lname" name="lname" value="Tamil Nadu"><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">
       clabel for="fname".>First name://label><br/>cinput type="text" id="fname" name="fname" value="santhosh"><br/>cinput type="text" id="fname" name="fname" value="santhosh"></br/>cinput type="text" id="fname" name="fname" nam
      <Input type="text" id="rname" name="rname" value="santnosn"><clabel for="lname">Last name:</label><br/><input type="text" id="lname" name="lname" value="M`"><br></label for="lname">college name:</label><br/><input type="text" id="lname" name="lname" value="Saveetha Engg College"><br>
      <Input type="text" id="lname" name="lname" value="Saveetha Engg College
<label for="lname">DOB:</label><br>
<input type="date" id="lname" name="lname" value="01-10-2003"><br>
<label for="lname">City:</label><br>
<input type="text" id="lname" name="lname" value="Chidambaram"><br>
<br/>
<input type="text" id="lname" name="lname" value="Chidambaram"><br>
<br/>
<input type="text" id="lname" name="lname" value="Chidambaram"><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>
<body>
 k rel="stylesheet" href="style.css">
<h1>External Function</h1>
<h2>My Profile</h2>
>
       <label for="fname">First name:</label><br>
       <input type="text" id="fname" name="fname" value="santhosh"><br><label for="lname">Last name:</label><br>
      <lame! tor="lname">Last name:</label><br><input type="text" id="lname" name="lname" value="M`"><br><label for="lname">college name:</label><br><input type="text" id="lname" name="lname" value="Saveetha Engg College"><br><input type="date" id="lname" name="lname" value="Saveetha Engg College"><br></abel for="lname">DOB:</label><br><input type="date" id="lname" name="lname" value="01-10-2003"><br><label for="lname">City:</abel><br><input type="fext" id="lname" name="lname" value="01-10-2003"><br/><label for="lname">city:</abel><br/><input type="fext" id="lname" name="lname" value="01-10-2003"><br/></abel></abel></abel>
      <!auel Tor= Iname >\LITY:</!auel>\or>
<input type="text" id="lname" name="lname" value="Chidambaram">\or>\or>\or>
<label for="lname">\State:<//label>\or>
<input type="text" id="lname" name="lname" value="Tamil Nadu">\or>\or>\or>\or>
<input type="submit" value="Submit">
</form>
</body>
<link rel="stylesheet" href="style.css">
<h1>External Function</h1>
<h2>My Profile</h2>
>
<form>
       <label for="fname">First name:</label><br>
      <label for="lname">DOB:</label><br/>clabel for="lname" name" name= name value= Saveetha Engg College
<label for="lname">College
<label for="lname">City:</label><br/>clabel for="lname">City:</label><br/>clabel for="lname">City:</label><br/>clabel for="lname">City:</label><br/>clabel
       <input type="text" id="lname" name="lname" value="Chidambaram"><br><input type="text" id="lname" name="lname" value="Chidambaram"><br><input type="text" id="lname" name="lname" value="Tamil Nadu"><br><input type="submit" value="Submit">
</body>
</html>
```

# **Inline Function**

#### My Profile

First name:
santhosh
Last name:
M`
college name:
Saveetha Engg College
Saveetha Engg College
DOB:
mm/ dd/ yyyy
City:
Chidambaram
State:
Submit

## **Internal Function**

#### My Profile

santhosh
Last name:
M'
college name:
Saveetha Engg College
DOB:
mm/dd/yyyy

City:
Chidambaram

State:
Tamil Nadu

Submit

### **External Function**

#### My Profile

First name:

santhosh

Last name:

M'

college name:

Saveetha Engg College

DOB:

mm/dd/yyyy

City:

Chidambaram

State:

Tamil Nadu

Submit