```html
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1">
  <title>Student Certificate Submission</title>
  <style>


    * {
      margin: 0;
      padding: 0;
      box-sizing: border-box;
    }

    body {
      font-family: 'Poppins', sans-serif;
      background: linear-gradient(to right, #74ebd5, #9face6);
      display: flex;
      justify-content: center;
      align-items: center;
      min-height: 100vh;
    }

    .form-container {
      background-color: #ffffff;
      padding: 40px 30px;
      border-radius: 15px;
      box-shadow: 0 8px 20px rgba(0, 0, 0, 0.15);
      width: 450px;
    }

    h2 {
      text-align: center;
      margin-bottom: 25px;
      font-size: 24px;
      color: #333;
    }

    form input {
      width: 100%;
      padding: 12px 15px;
      margin-bottom: 20px;
      border: 1px solid #ccc;
      border-radius: 8px;
      font-size: 14px;
      transition: 0.3s ease;
    }
```

```html
    form input:focus {
      border-color: #5d6dff;
      outline: none;
      box-shadow: 0 0 8px rgba(93, 109, 255, 0.2);
    }

    button {
      width: 100%;
      padding: 14px;
      background: linear-gradient(to right, #667eea, #764ba2);
      border: none;
      color: white;
      border-radius: 8px;
      font-size: 16px;
      font-weight: 600;
      cursor: pointer;
      transition: background 0.3s ease;
    }

    button:hover {
      background: linear-gradient(to right, #5a67d8, #6b46c1);
    }

    @media (max-width: 480px) {
      .form-container {
        width: 90%;
        padding: 30px 20px;
      }
    }
  </style>
</head>
<body>
  <div class="form-container">
    <h2>Submit Your Certificate</h2>
    <form>
      <input type="text" name="name" placeholder="Full Name" required>
      <input type="text" name="course" placeholder="Course" required>
      <input type="text" name="department" placeholder="Department" required>
      <input type="email" name="email" placeholder="Email Address" required>
      <input type="text" name="aadhar" placeholder="Aadhaar Number" maxlength="12"
required>
      <input type="text" name="regno" placeholder="Registration Number" required>
      <input type="url" name="certlink" placeholder="Certificate Link (URL)" required>
      <input type="text" name="provider" placeholder="Certificate Provider" required>
      <input type="date" name="certdate" required>
      <button type="submit">Submit Certificate</button>
    </form>
```

```html
        </div>
    </body>
</html>
```