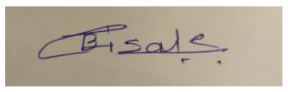
	Rayat Shikshan Sanstha's **YASHAVANTRAO CHAVAN INSTITUTE OF SCIENCE, SATARA** **(Lead College of Karmaveer Bhaurao Patil University, Satara)**	**College Code:** YCISS **Application No.:** M.SC. CS13	
For College use only	Course Applied For: M.SC. PART I COMPUTER SCIENCE SEM I Medium: Registration Date: 26/05/2026	**Registration No.** 4200327	

1. Personal information section

	Last Name	First Name	Middle Name
Name of Student	DISALE	TANISHA	BHANUDAS
Father's Name			

Mother's Name: RUPALI	**In-House Student:** 0
Marital Status: UNMARRIED	**Saral No.:**
Date of Birth: 13/08/2005	**Gender:** FEMALE
Place of Birth: SATARA	**Blood Group:** O+
Grandfather's Name:	**Native Place:**
Voter ID card No.:	**ABC NO/APPAR ID.:** 486981241980
Organ Donor: NO	

Bank Name:	**Account No.:**	**Transaction Type:** ONLINE
Religion: HINDU	**Nationality:** INDIAN	**UDISE No.**
Aadhaar card No.: 667092542431	**ABC Number:** 486981241980	**Eligibility No.:**

2. Address Details

Address of Correspondence:	AT. PARTAWADI, POST REVDI, TAL. KOREGAON, DIST. SATARA		**Pin Code:** 415011
State: MAHARASHTRA	**District:** SATARA	**Tehsil:** KOREGAON	**City:** SATARA
Permanent Address:	AT. PARTAWADI, POST REVDI, TAL. KOREGAON, DIST. SATARA		**Pin Code:** 415011
State: MAHARASHTRA	**District:** SATARA	**Tehsil:** KOREGAON	**City:** SATARA

3. Contact Details

Student Mobile No.: 9209138466	**Alternate Contact Number:**
Student Email Id: TANISHADISALE@GMAIL.COM	**Parent phone:** 9881368715

4. Legal Reservation Information Section

Domicile state:	**Admission Category:** EWS	**Caste Category:** EWS
Caste: MARATHA	**Phy. Handicapped:**	
Caste Certificate No.:	**Learning Disability No.:**	

5. Social Reservation (Special Category) Information Section

SR No.	SOCIAL RESERVATION NAME

6. Education Details Section

Name of Examination	Name of Board	Name of school/College	Date of Passing	Examination Seat Number	Passing certificate No.	Grade/Total Marks	Obt. Marks	%	CGPA

7. Qualifying Exam Details Section

QUALIFYING EXAM NAME: B.SC.

College/School Attended	Board/university	Admission Year	Passing Year	Marks Obt.	Total Marks	Percentage	Place	Arts/Com/Sci	Education Gap
COLLEGE	KBP UNIVERSITY	0	2026	2484	3300	75.27			NO

Qualifying Exam Subject Details			
Sr. No.	**Subject Name**	**Total Marks**	**Obtained Marks**

8. **Subject Details Section**

Sr. No.	Group Name	Subject Name

9. Attached Documents

Sr No.	Name of Documents/Certificate
1	DEGREE MARKSHEET

10. Guardian / Parent Information Section

Guardian's/ Parent's Name: BHANUDAS

Occupation of the Guardian/Parent:	Annual Income of the guardian/Parent: 70000.00
Relationship of Guardian with applicant: DAUGHTER	Guardian/Parent Phone No.: 9881368715

11. Other Information Section

Mother Tongue: MARATHI	Employment Status: NO	Do you wish to join NCC / NSS: NO

Would you like to apply for Hostel: NO

Hobbies, Proficiency and Other interests: NA

Games and sports participation:

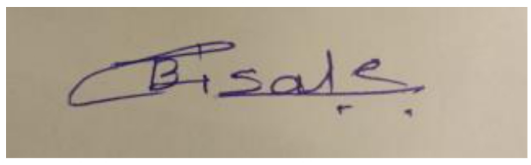
Identification Mark 1:	Identification Mark 2:

12. Declaration by Student

I hereby declare that, I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and/or admission will stand cancel.

Place:

Date:



Signature of Student

13. Declaration by Guardian / Parent

I have permitted my son / daughter / ward to join your college. The information supplied by him / her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son/daughter/ward and see that he/she observes.

Place:

Date:

Signature of the Guardian/Parent

14. For College / Institute Use Only

Designation	Remarks / Particular / Recommendation	Signature and Date
Admission Clerk		
Admission Committee		
Accountant / cashier		
Registrar/Office superintendent		
Transaction Details	Payment Mode: ONLINE Cash Received: 100 Transaction ID.: E2605260ZCDZVF	

REMARK OF THE ADMISSION COMMITTEE

May be admitted to Class_____ Section_____

May be Rejected_____

Last date of payment of fees_____

Admission may be cancelled if the fees are not paid by this date.

Principal

Signature of Admission Committee

Date: