

# PM SHRI KENDRIYA VIDYALAYA NO.1 ISHAPORE

STUDENT'S BIO- DATA FOR ACADEMIC YEAR 2026-2027

(DATA NEEDS TO BE FILLED IN CAPITAL LETTERS ONLY)

PHOTO OF  
FATHER

PHOTO OF  
MOTHER

PHOTO OF  
STUDENT

1. STUDENT NAME : \_\_\_\_\_
2. CLASS & SEC : \_\_\_\_\_ 3. DATE OF BIRTH \_\_\_\_\_ 4. BLOOD GROUP: \_\_\_\_\_
5. IF SUFFERING FROM ANY MAJOR DISEASE, PLEASE MENTION \_\_\_\_\_  
(SUPPORT WITH RELEVANT MEDICAL DOCUMENTS)
6. IF ALLERGIC TO ANY DRUG, PLEASE MENTION \_\_\_\_\_  
(SUPPORT WITH RELEVANT MEDICAL DOCUMENTS)
7. ADMISSION NO. : \_\_\_\_\_ 8. DATE OF ADMISSION : \_\_\_\_\_
9. ADHAR NO. : \_\_\_\_\_
10. SOCIAL CLASS : GEN / SC / ST / OBC / MUSLIM / MINORITY.
11. RELIGION : \_\_\_\_\_ 12. FEE CATEGORY : PAID / RTE / SGC / BPL / EWS / PH.
13. PARENT'S CATEGORY NAME & NUMBER : \_\_\_\_\_ , \_\_\_\_\_  
(MSF/ RFI/ RAIL/ ARMY/ BANK/ HOSPITAL/ ST. GOVT./ PVT. JOB/ ANY OTHER (PLEASE MENTION))
14. FATHER'S NAME (FULL NAME) : \_\_\_\_\_
15. FATHER'S OCCUPATION : \_\_\_\_\_
16. FATHER'S SERVICE (NAME OF THE ORGANIZATION) : \_\_\_\_\_
17. SERVICE DESCRIPTION : DESIGNATION : \_\_\_\_\_  
PERMANENT / TEMPORARY / PRIVATE / GOVERNMENT (CENTRAL / STATE) / AUTONOMOUS.
18. FATHER'S PRESENT ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ PINCODE : 

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ZONE : \_\_\_\_\_ AREA : \_\_\_\_\_ MUNICIPALITY : \_\_\_\_\_

19. FATHER'S MOBILE NO. \_\_\_\_\_ LANDLINE NO. \_\_\_\_\_

20. FATHER'S E - MAIL ID : \_\_\_\_\_

21. FATHER'S PERMANENT ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ PINCODE : 

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ZONE : \_\_\_\_\_ AREA : \_\_\_\_\_ MUNICIPALITY : \_\_\_\_\_

22. MOTHER'S NAME (FULL NAME) : \_\_\_\_\_

23. MOTHER'S OCCUPATION : \_\_\_\_\_

24. MOTHER'S SERVICE (NAME OF THE ORGANIZATION) : \_\_\_\_\_

25. SERVICE DESCRIPTION : DESIGNATION : \_\_\_\_\_

PERMANENT / TEMPORARY / PRIVATE / GOVERNMENT (CENTRAL / STATE) / AUTONOMOUS.

26. MOTHER'S PRESENT ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ PINCODE : 

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ZONE : \_\_\_\_\_ AREA : \_\_\_\_\_ MUNICIPALITY : \_\_\_\_\_

27. MOTHER'S MOBILE NO. \_\_\_\_\_ LANDLINE NO. \_\_\_\_\_

28. MOTHER'S E - MAIL ID : \_\_\_\_\_

29. MOTHER'S PERMANENT ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ PINCODE : 

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ZONE : \_\_\_\_\_ AREA : \_\_\_\_\_ MUNICIPALITY : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MOTHER

\_\_\_\_\_  
SIGNATURE OF FATHER

\_\_\_\_\_  
CLASS TEACHER

\_\_\_\_\_  
HEAD MASTER

\_\_\_\_\_  
PRINCIPAL