

XYZ Registration Form

XYZ Membership Number:

011214022854

XYZ Group

Homai's Heroes

Name

JAZAREEN PARDIWALLA

Date of Birth

08/11/2005

Age

09

Address

4/52 A.H.WADIA BAUG C.H.S.L., G.D. AMBEKAR MARG, PAREL TANK ROAD, MUMBAI
MUMBAI 400033
India

Residence Tel. No - Area Code

022

Residence Tel. No - Landline Number

24711969

Gender

Female

Your relation with the participant

Father

Contact Name

VISPI PARDIWALLA

Contact Number

9004419256

Contact Email

pirojamb@hotmail.com

Would you like to be an XYZ Volunteer?

No

School Name

BOMBAY SCOTTISH SCHOOL, MAHIM

Standard

4th

Navjote Performed

Yes

Are you Navar/Martab:

None

Blood Group

B +ve

T-Shirt Size

30

Food Preference

Vegetarian

Food Allergies, if any

Yes

Food Allergies

MILK and ALL MILK PRODUCTS

Mother's Name

PIROJA VISPI PARDIWALLA

Mother's Phone

9029066670

Mother's Emailpirojamb@hotmail.com**Occupation**

Self Employed

Name of Organisation

HOMOEOPATHIC DOCTOR

Position Held

DOCTOR

Father's Name

VISPI F PARDIWALLA

Father's Phone

9004419256

Father's Emailpirojamb@hotmail.com**Occupation**

Service

Name of Organisation

ICICI BANK

Position Held

MANAGER

Guardian's Name

BAMI MINOO BHARUCHA

Guardian's Emailbamibharucha@gmail.com**Guardian's Phone**

9833452333