

## XYZ Registration Form

**XYZ Membership Number:**

211114013617

**XYZ Group**

Homai's Heroes

**Name**

maazyar sinor

**Date of Birth**

31/03/2007

**Age**

07

**Address**

A-6, 2nd Fl, Jerbai Baug, Byculla East  
Mumbai 400027  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

23726291

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

delnaz sinor

**Contact Number**

9820402142

**Contact Email**

[delnaz.sinor@gmail.com](mailto:delnaz.sinor@gmail.com)

**School Name**

Christ Church School

**Standard**

2nd

**Navjote Performed**

No

**Blood Group**

O +ve

**T-Shirt Size**

28

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mah**

Avan

**Roj**

Gosh

**Mother's Name**

Delnaz Sinor

**Mother's Phone**

9820402142

**Mother's Email**

[delnaz.sinor@gmail.com](mailto:delnaz.sinor@gmail.com)

**Occupation**

Service

**Name of Organisation**

The Aditya Birla Integrated School

**Position Held**

Teacher - Senior School

**Occupation**

Service

**Relationship**

Sister

**Name**

naasha sinor

**Relationship**

Sister

**Relationship**

Grand Mother

**Relationship**

Grand Father

**Relationship**

Grand Mother

**Relationship**

Grand Father