

## XYZ Registration Form

**XYZ Membership Number:**

081214083229

**XYZ Group**

Cyrus' Superstars

**Name**

Sarosh Motafram

**Date of Birth**

11/08/2006

**Age**

08

**Address**

2A, Brighton No. 1, Rungta Lane, Off Nepran Sea Road,  
Mumbai 400 006  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

23623807

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

Zenobia Motafram

**Contact Number**

9892337737

**Contact Email**

[farhadamotafram@yahoo.com](mailto:farhadamotafram@yahoo.com)

**Would you like to be an XYZ Volunteer?**

No

**School Name**

St. Xaviers Boys Academy

**Standard**

3rd

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

O +ve

**T-Shirt Size**

26

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Zenobia F. Motafram

**Mother's Phone**

9892337737

**Mother's Email**[farhadamotafram@yahoo.com](mailto:farhadamotafram@yahoo.com)**Occupation**

Self Employed

**Name of Organisation**

Has he own clinic at Colaba

**Position Held**

Doctor

**Father's Name**

Farhad A. Motafram

**Father's Phone**

9819294999

**Father's Email**[farhadamotafram@yahoo.com](mailto:farhadamotafram@yahoo.com)**Occupation**

Self Employed

**Name of Organisation**

Fam Financial Consultants

**Position Held**

Partner

**Guardian's Name**

Mr. Colabawalla

**Guardian's Phone**

23826773