

## XYZ Registration Form

**XYZ Membership Number:**

081214024332

**XYZ Group**

Tehmurasp's Titans

**Name**

khushnam avari

**Date of Birth**

17/11/2004

**Age**

10

**Address**

7/10, Kanchan-Mrig, Jeevan Vikas Kendra Lane, Coldongri, Andheri (East)  
Mumbai 400069  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

26839127

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

Perveen Avari

**Contact Number**

9819687747

**Contact Email**

[meavari@gmail.com](mailto:meavari@gmail.com)

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

No

**School Name**

Maneckjee Cooper

**Standard**

5th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

O -ve

**T-Shirt Size**

34

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Perveen

**Mother's Phone**

9819687747

**Mother's Email**[perveenavari@gmail.com](mailto:perveenavari@gmail.com)**Occupation**

Homemaker

**Father's Name**

Mehernosh

**Father's Phone**

9820603153

**Occupation**

Service