

## XYZ Registration Form

**XYZ Membership Number:**

161214030500

**XYZ Group**

Cyrus' Superstars

**Name**

Jehnafriz Billimoria

**Date of Birth**

02/05/2005

**Age**

10

**Address**

202 "B" Wing, Mahavir Tower , L.R. Marg, Gandhi Nagar, Worli  
Mumbai 400018  
India

**Residence Tel. No - Area Code**

022-

**Residence Tel. No - Landline Number**

2498917/23640702

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

Shefali Rusi Billimoria

**Contact Number**

9702021036

**Contact Email**

[s.billimoria@rediffmail.com](mailto:s.billimoria@rediffmail.com)

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

No

**School Name**

Bai R.F.D.Panday Girls High School

**Standard**

3rd

**Navjote Performed**

Yes

**Are you Navar/Martab:**

Navar

**Blood Group**

O +ve

**T-Shirt Size**

32

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Shefali

**Mother's Phone**

9702021036

**Mother's Email**[s.billimoria@rediffmail.com](mailto:s.billimoria@rediffmail.com)**Occupation**

Service

**Name of Organisation**

Paeds NDTC

**Position Held**

Front Office /Admin.

**Father's Name**

Rusi

**Father's Phone**

9702021035

**Father's Email**[rusibilli@yahoo.co.in](mailto:rusibilli@yahoo.co.in)**Occupation**

Service

**Name of Organisation**

Udyog Services Ltd.

**Position Held**

Protocol officer

**Guardian's Name**

Farah Zubin Madon

**Guardian's Phone**

9820970495