

## XYZ Registration Form

**XYZ Membership Number:**

171214092342

**XYZ Group**

Tehmurasp's Titans

**Name**

Delreen Baldawalla

**Date of Birth**

20/04/2002

**Age**

13

**Address**

2A-501-502, Salsette Parsi, Colony, Pump House, Andheri East,  
Mumbai 400093  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

28387275

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

Khursheed Baldawalla

**Contact Number**

9820847599

**Contact Email**

[Khursheed.baldawalla@tcs.com](mailto:Khursheed.baldawalla@tcs.com)

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

No

**School Name**

Divine Child High School

**Standard**

8th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

B +ve

**T-Shirt Size**

34

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Khursheed K. Baldawalla

**Mother's Phone**

9820847599

**Mother's Email**[Khursheed.Baldawalla@tcs.com](mailto:Khursheed.Baldawalla@tcs.com)**Occupation**

Service

**Name of Organisation**

Tata Consultancy Services

**Position Held**

General Manager

**Father's Name**

Khurshed D. Baldawalla

**Father's Phone**

9820960063

**Occupation**

Other