

## XYZ Registration Form

**XYZ Membership Number:**

261114043616

**XYZ Group**

Homai's Heroes

**Name**

Simone Irani

**Date of Birth**

18/07/2005

**Age**

09

**Address**

Hilla Towers ,16 Floor, Flat no 1605, 121, Dr.S.S Rao Road , Lalbaug -12

Mumbai 4000012

India

**Residence Tel. No - Area Code**

24716122

**Residence Tel. No - Landline Number**

24716122

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

Shirin Irani

**Contact Number**

9820631467

**Contact Email**

[shirinworldoo7@gmail.com](mailto:shirinworldoo7@gmail.com)

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

Yes

**School Name**

Bombay Scottish

**Standard**

4th

**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**

Shirin Irani

**Mother's Phone**

9820631467

**Mother's Email**[shirinworldoo7@gmail.com](mailto:shirinworldoo7@gmail.com)**Occupation**

Self Employed

**Father's Name**

Mehrab Irani

**Father's Phone**

9223331467

**Occupation**

Service

**Guardian's Name**

ParivazIrani

**Guardian's Phone**

9226651256

**Relationship**

Brother

**Relationship**

Sister

**Relationship**

Grand Mother

**Relationship**

Grand Father

**Relationship**

Grand Mother

**Relationship**

Grand Father