

## XYZ Registration Form

**XYZ Membership Number:**

281114071311

**XYZ Group**

Daraius' Daredevils

**Name**

KAYAAN BADHNIWALLA

**Date of Birth**

15/11/2000

**Age**

14

**Address**

3/7 King of Suburb , 99/7th Road, Khar (W)  
Mumbai 400 052  
India

**Residence Tel. No - Area Code**

022-26482224

**Residence Tel. No - Landline Number**

9870021942/ 9870721942

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

Binaifer Badhniwalla

**Contact Number**

9870021942

**Contact Email**

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

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

No

**School Name**

AVM Bandra (W)

**Standard**

8th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

O +ve

**T-Shirt Size**

40

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Binaifer V Badhniwalla

**Mother's Phone**

9870021942

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

Service

**Name of Organisation**

AVM Society

**Position Held**

Secretary

**Father's Name**

Vispi R Badhniwalla

**Father's Phone**

9870721942

**Father's Email**[vispibadhni@gmail.com](mailto:vispibadhni@gmail.com)**Occupation**

Service

**Name of Organisation**

JM Baxi &amp; Co.

**Position Held**

Manager Operations

**Guardian's Name**

Same as above