

## XYZ Registration Form

**XYZ Membership Number:**

031214050727

**XYZ Group**

Tehmurasp's Titans

**Name**

AAZDAN BULSARA

**Date of Birth**

23/11/2007

**Age**

07

**Address**

SALSETTE PARSI COLONY,BLDG-1-C,602,PUMP HOUSE,ANDHERI EAST.

MUMBAI 400093

India

**Residence Tel. No - Area Code**

---NIL---

**Residence Tel. No - Landline Number**

---NIL-----

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

PARVANA BULSARA

**Contact Number**

9987520113

**Contact Email**

[yazdibulsara@hotmail.com](mailto:yazdibulsara@hotmail.com)

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

No

**School Name**

VISSANJI ACADEMY

**Standard**

1st

**Navjote Performed**

No

**Blood Group**

B +ve

**T-Shirt Size**

30

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

PARVANA.YEZDI.BULSARA

**Mother's Phone**

9987520113

**Mother's Email**

[yazdibulsara@hotmail.com](mailto:yazdibulsara@hotmail.com)

**Occupation**

Homemaker

**Father's Name**

YEZDI.J.BULSARA

**Father's Phone**

9987733033

**Father's Email**

[yazdibulsara@hotmail.com](mailto:yazdibulsara@hotmail.com)

**Occupation**

Service

**Name of Organisation**

GOAIR

**Position Held**

DY APM

**Guardian's Name**

----NIL----

**Guardian's Email**

[yazdibulsara@hotmail.com](mailto:yazdibulsara@hotmail.com)

**Guardian's Phone**

-----NIL-----