

## XYZ Registration Form

**XYZ Membership Number:**

041214065448

**XYZ Group**

Tehmurasp's Titans

**Name**

Yohaán Patel

**Date of Birth**

09/12/2007

**Age**

06

**Address**

1B/ 405, Salsette Parsi Colony, Pump House, Andheri (East)  
Mumbai 400093  
India

**Residence Tel. No - Area Code**

9821400387

**Residence Tel. No - Landline Number**

26825811

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

Thrity Patel

**Contact Number**

9821400387

**Contact Email**

[thrity@yahoo.com](mailto:thrity@yahoo.com)

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

Yes

**School Name**

Vissanji Academy

**Standard**

1st

**Navjote Performed**

No

**Blood Group**

B +ve

**T-Shirt Size**

26

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Thrity Patel

**Mother's Phone**

9821400387

**Mother's Email**

[thrity@yahoo.com](mailto:thrity@yahoo.com)

**Occupation**

Homemaker

**Father's Name**

Zenosh Patel

**Father's Phone**

9819038309

**Father's Email**

[zenosh\\_patel@yahoo.com](mailto:zenosh_patel@yahoo.com)

**Occupation**

Service

**Name of Organisation**

Igate Global Solutions

**Position Held**

Senior Consultant

**Guardian's Name**

Kety Patel / Aspi Bilimoria

**Guardian's Email**

[ketypatel17@gmail.com](mailto:ketypatel17@gmail.com)

**Guardian's Phone**

9870149354 / 9821022286