

## XYZ Registration Form

**XYZ Membership Number:**

091214104312

**XYZ Group**

Cyrus' Superstars

**Name**

Xerxes Billimoria

**Date of Birth**

04/04/2008

**Age**

06

**Address**

S - 11, Godrej baug, Nepeansea rd,  
Mumbai 400026  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

23678012

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

Meherangiz Billimoria

**Contact Number**

9820528073

**Contact Email**

[meherangizbillimoria@yahoo.co.in](mailto:meherangizbillimoria@yahoo.co.in)

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

No

**School Name**

Campion School

**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**

Meherangiz Billimoria

**Mother's Phone**

9820528073

**Mother's Email**

[meherangizbillimoria@yahoo.co.in](mailto:meherangizbillimoria@yahoo.co.in)

**Occupation**

Service

**Name of Organisation**

Dr Rashid Wadia's clinic

**Position Held**

Homeopathic physician

**Father's Name**

Dr Adil Billimoria

**Father's Phone**

9867003037

**Occupation**

Service

**Name of Organisation**

USV Ltd

**Position Held**

President