

## XYZ Registration Form

**XYZ Membership Number:**

091214111648

**XYZ Group**

Homai's Heroes

**Name**

ZEUSS SIRVALA

**Date of Birth**

09/12/2005

**Age**

09

**Address**

KAVARANA BLDG,FLAT NUM 6, SANT GADGE MAHARAJ ASHRAM LANE ,OFF D.PHALKE RD, DADAR EAST,MUMBAI  
MUMBAI 400014  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

24150827 , 24710171

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

FIROOZA SIRVALA

**Contact Number**

9892847565

**Contact Email**

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

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

No

**School Name**

CHRIST CHURCH

**Standard**

3rd

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

A -ve

**T-Shirt Size**

30

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

Yes

**Food Allergies**

FISH

**Mother's Name**

FIROOZA Z.SIRVALA

**Mother's Phone**

9892847565

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

Self Employed

**Father's Name**

ZUBIN K.SIRVALA

**Father's Phone**

9820462747

**Father's Email**[zubin567@rediffmail.com](mailto:zubin567@rediffmail.com)**Occupation**

Service