

## XYZ Registration Form

**XYZ Membership Number:**

141214114550

**XYZ Group**

Cyrus' Superstars

**Name**

THIANNE MISTRY

**Date of Birth**

17/03/2006

**Age**

08

**Address**

T-20, GODREJ BAUG, OFF NEPEANSEA ROAD  
MUMBAI 400026  
India

**Residence Tel. No - Area Code**

022 66640631

**Residence Tel. No - Landline Number**

66640631

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

KAMAL MISTRY

**Contact Number**

9819600074

**Contact Email**

[kamaldmistry@rediffmail.com](mailto:kamaldmistry@rediffmail.com)

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

No

**School Name**

J.B. PETIT HIGH SCHOOL FOR GIRLS

**Standard**

3rd

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

O +ve

**T-Shirt Size**

26

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

KAMAL MISTRY

**Mother's Phone**

9819600074

**Mother's Email**[kamaldmistry@rediffmail.com](mailto:kamaldmistry@rediffmail.com)**Occupation**

Service

**Name of Organisation**

VIACOM 18 MEDIA PVT. LTD.

**Position Held**

DIRECTOR - OPERATIONS

**Father's Name**

DANESH MISTRY

**Father's Phone**

9820857570

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

Service

**Name of Organisation**

LOUIS VUITTON

**Position Held**

CLIENTELE MANAGER