

## XYZ Registration Form

**XYZ Membership Number:**

291114055418

**XYZ Group**

Homai's Heroes

**Name**

Khooshnaz Pithawalla

**Date of Birth**

09/11/2005

**Age**

09

**Address**

7 c d sethna bdlg , golanji hill ,parel village  
mumbai 400012  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

24127075

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

Ferzine Pithawalla

**Contact Number**

9820255549

**Contact Email**

[ferzine\\_viraf@yahoo.co.in](mailto:ferzine_viraf@yahoo.co.in)

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

Yes

**School Name**

JBV

**Standard**

4th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

A +ve

**T-Shirt Size**

30

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Ferzine

**Mother's Phone**

9820255549

**Mother's Email**[ferzine\\_viraf@yahoo.co.in](mailto:ferzine_viraf@yahoo.co.in)**Occupation**

Service

**Name of Organisation**

TCS

**Position Held**

Manager

**Father's Name**

Viraf

**Father's Phone**

9930062719

**Father's Email**[ferzine\\_viraf@yahoo.co.in](mailto:ferzine_viraf@yahoo.co.in)**Occupation**

Service

**Name of Organisation**

ICICI Bank

**Position Held**

Manager