

## XYZ Registration Form

**XYZ Membership Number:**

011214043841

**XYZ Group**

Daraius' Daredevils

**Name**

Faaron Balaporia

**Date of Birth**

07/10/2002

**Age**

06

**Address**

F-18 Cusrow Baug shahid bhagatsingh road  
Mumbai 400001  
India

**Residence Tel. No - Area Code**

9820486376

**Residence Tel. No - Landline Number**

22824608

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

Dianne Gotla

**Contact Number**

9820486376

**Contact Email**

[Dgotla@deloitte.com](mailto:Dgotla@deloitte.com)

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

Yes

**School Name**

Carrillo elementary

**Standard**

Primary

**Navjote Performed**

No

**Blood Group**

B +ve

**T-Shirt Size**

26

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Dianne gotla

**Mother's Phone**

9820486376

**Mother's Email**

[Dgotla@deloitte.com](mailto:Dgotla@deloitte.com)

**Occupation**

Service

**Name of Organisation**

Deloitte

**Position Held**

Audit senior manager

**Father's Name**

Hamin Balaporia

**Occupation**

Service

**Guardian's Name**

Hoshaang gotla

**Guardian's Phone**

9820683398