

## XYZ Registration Form

**XYZ Membership Number:**

021214083955

**XYZ Group**

Daraius' Daredevils

**Name**

Deanne Pallonji

**Date of Birth**

19/06/2007

**Age**

07

**Address**

H 19 Cusrow Baug, Shahid Bhagatsingh Road, Colaba  
Mumbai 400001  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

22836903

**Gender**

Female

**Your relation with the participant**

Father

**Contact Name**

Firdaus Pallonji

**Contact Number**

9987086903

**Contact Email**

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

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

No

**School Name**

St Anne's High School

**Standard**

2nd

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

O +ve

**T-Shirt Size**

28

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Roopa Pallonji

**Mother's Phone**

9702777751

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

Service

**Name of Organisation**

Aditya Birla World Academy

**Position Held**

Asst to Chairperson

**Father's Name**

Firdaus Pallonji

**Father's Phone**

9987086903

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

Service

**Name of Organisation**

Reliance Life Sciences Pvt Ltd.

**Position Held**

AVP - Instrumentation