

## XYZ Registration Form

**XYZ Membership Number:**

031214045745

**XYZ Group**

Tehmurasp's Titans

**Name**

AVA BULSARA

**Date of Birth**

01/01/2004

**Age**

10

**Address**

SALSETTE PARSI COLONY,BLDG-1-C,602,PUMP HOUSE,ANDHERI EAST

MUMBAI 400093

India

**Residence Tel. No - Area Code**

-----NIL-----

**Residence Tel. No - Landline Number**

-----NIL-----

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

PARVANA BULSARA

**Contact Number**

9987520113

**Contact Email**

[yazdibulsara@hotmail.com](mailto:yazdibulsara@hotmail.com)

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

No

**School Name**

VISSANJI ACADEMY

**Standard**

5th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

O +ve

**T-Shirt Size**

36

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

PARVANA.YEZDI.BULSARA

**Mother's Phone**

9987520113

**Mother's Email**[yazdibulsara@hotmail.com](mailto:yazdibulsara@hotmail.com)**Occupation**

Homemaker

**Father's Name**

YEZDI.J.BULSARA

**Father's Phone**

9987733033

**Father's Email**[yazdibulsara@hotmail.com](mailto:yazdibulsara@hotmail.com)**Occupation**

Service

**Name of Organisation**

GOAIR

**Position Held**

DY APM

**Guardian's Name**

-----NIL-----

**Guardian's Email**[yazdibulsara@hotmail.com](mailto:yazdibulsara@hotmail.com)**Guardian's Phone**

-----NIL-----