

## XYZ Registration Form

**XYZ Membership Number:**

101214084609

**XYZ Group**

Tehmurasp's Titans

**Name**

HUFRIYA DRIVER

**Date of Birth**

12/07/2002

**Age**

12

**Address**

5 A -504, SALSETTE PARSI COLONY, PUMP HOUSE, ANDHERI EAST  
MUMBAI 400093  
India

**Residence Tel. No - Area Code**

022 28209525

**Residence Tel. No - Landline Number**

28209525

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

HUFRISH DRIVER

**Contact Number**

9833442541

**Contact Email**

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

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

No

**School Name**

MANECJI COPPER EDUCATION TRUST

**Standard**

7th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

Navar

**Blood Group**

A -ve

**T-Shirt Size**

32

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

HUFRISH G. DRIVER

**Mother's Phone**

9833442541

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

Homemaker

**Father's Name**

GAYOMARD DRIVER

**Father's Phone**

9820306443

**Father's Email**[cfo@jeena.co.in](mailto:cfo@jeena.co.in)**Occupation**

Service

**Name of Organisation**

JEENA &amp; CO.

**Position Held**

GROUP CHIEF FINANCIAL OFFICER