

## XYZ Registration Form

**XYZ Membership Number:**

170115021435

**XYZ Group**

Cyrus' Superstars

**Name**

RUSTOM BILIMORIA

**Date of Birth**

28/06/2004

**Age**

10

**Address**

TALATY BLDG, 2ND FLOOR, 194 KHETWADI BACKROAD  
MUMBAI 400004  
India

**Residence Tel. No - Area Code**

(022)

**Residence Tel. No - Landline Number**

23814942

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

JASMINE BILIMORIA

**Contact Number**

9820324655

**Contact Email**

[JASMINE\\_BILIMORIA@YAHOO.COM](mailto:JASMINE_BILIMORIA@YAHOO.COM)

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

No

**School Name**

ST MARYS ICSC

**Standard**

5th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

O -ve

**T-Shirt Size**

30

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

JASMINE BILIMORIA

**Mother's Phone**

9820324655

**Mother's Email**[JASMINE\\_BILIMORIA@YAHOO.COM](mailto:JASMINE_BILIMORIA@YAHOO.COM)**Occupation**

Service

**Name of Organisation**

LODHA DEVELOPERS LTD

**Position Held**

SR SECRETARY TO MD

**Father's Name**

FIRDAUS BILIMORIA

**Father's Phone**

9820550248

**Father's Email**[FIRDAUS.BILIMORIA@HOTMAIL.COM](mailto:FIRDAUS.BILIMORIA@HOTMAIL.COM)**Occupation**

Service

**Name of Organisation**

CNR CONNECT

**Position Held**

PROPRIETOR

**Guardian's Name**

JEROO IRANI

**Guardian's Email**[JEROOIRANI2@GMAIL.COM](mailto:JEROOIRANI2@GMAIL.COM)**Guardian's Phone**

9920758587