

## XYZ Registration Form

**XYZ Membership Number:**

090215090731

**XYZ Group**

Daraius' Daredevils

**Name**

Kiyan Mugaseth

**Date of Birth**

26/04/2004

**Age**

10

**Address**

H --40 Cusrow Baug ,S.Bhagat Singh Rd , Colaba  
Mumbai 400001  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

22880250

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

Kashmira Mugaseth

**Contact Number**

9820044048

**Contact Email**

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

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

Yes

**School Name**

Campion School

**Standard**

5th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

A +ve

**T-Shirt Size**

32

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Kashmira Mugaseth

**Mother's Phone**

9820044048

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

Homemaker

**Father's Name**

Urmez Mugaseth

**Father's Phone**

9820188937

**Father's Email**[Mugaseths@yahoo.com](mailto:Mugaseths@yahoo.com)**Occupation**

Service

**Name of Organisation**

Indigo

**Position Held**

Commander