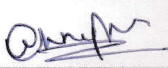


<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>		
Employee Name: Umash Rajendra Champoor	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 28/01/1997
Current Address: B/28, Karpada Niwalg Opp. Shrihari School Pererawadi Sakinaka	City: Mumbai	State: Maharashtra
Permanent Address: Room No. 12/2/2 Mahatma Gandhi Nagar Pali camp Sion Koliwada Mumbai-400037	City: Mumbai	State: Maharashtra
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Vidyaawati Rajendra Champoor	Relationship: Mother	
Phone: 7400446093	Address: pererawadi Sakinaka	
Name: Shikling Rajendra Champoor	Relationship: Brother	
Phone: 9029327913	Address: pererawadi Sakinaka	
Name: Chamunderkumari Shikling Champoor	Relationship: Sister in law	
Phone: 9980542859	Address: pererawadi Sakinaka	
Name: Ravi Dhodmani	Relationship: Uncle	
Phone: 8208971177	Address: Valsai	
Name: Geeta Ravi Mankari	Relationship: Sister	
Phone: 8356083709	Address: Ghandoli	
Name: Ravi Mankari	Relationship: Brother in law	
Phone: 9781637333	Address: Ghandoli	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: Abhishek Jaiswar	Location: Kuria	Profession: Engineer
Home Phone:	Work Phone:	Cellular Phone: 9664138799
Name: Manoj	Location: Kuria	Profession: Engineer
Home Phone:	Work Phone:	Cellular Phone: 8169638998
Name: Anuja	Location: Neral	Profession: Engineer
Home Phone:	Work Phone:	Cellular Phone: 7039752957
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Shikling Rajendra Chhapra	Relationship: Brother	
Home Phone:	Work Phone:	Cellular Phone: 9029327913
Name: Chamundeswari S. Chhapra	Relationship: Sister In Law	
Home Phone:	Work Phone:	Cellular Phone: 9930542859
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:  N/A		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 		Date Signed: 05/03/2023