

**In Case of Emergency Form**

It is the responsibility of every employee to inform HR Department regarding any changes.

**I. GENERAL INFORMATION**

Employee Name:

Jenitan Nadar

Gender:

M ☒ F ☐

Date of Birth:

11/10/2000

Current Address: Room no 2204, Dharti SRA, Bhabrekar nagar, Kandivali west, Mumbai 400 067

City:

Mumbai

State:

Maharashtra

Permanent Address: Room no 04, Sai Maharashtra chaul, Bhabrekar nagar, Kandivali(w), Mumbai 400 067

City:

Mumbai

State:

Maharashtra

**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name:

Jebakumar Nadar

Relationship:

Father

Phone: 8689863288

Address: Same as current address

Name: Avilaraja jenilet

Relationship:

Mother

Phone:

9820611403

Address:

Same as current address

Name: Jeba Jenisha

Relationship:

Sister

Phone:

9867215312

Address:

Same as current address

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

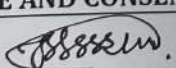
Address:

Name:

Relationship:

Phone:

Address:

Please provide the details of any of your friends		
Name: Madho Balan	Location: Kandivali	Profession: Student
Home Phone: 9833767723	Work Phone:	Cellular Phone:
Name: Subash Mani	Location: Thane	Profession: IT Eng
Home Phone: 9870927461	Work Phone:	Cellular Phone:
Name: Jemi Kumar	Location: Kandivali	Profession: Jr Ide
Home Phone: 9833577158	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Jebakumar	Relationship: Father	
Home Phone: 8689861967	Work Phone:	Cellular Phone:
Name: Jenilet	Relationship: Mother	
Home Phone: 9820611403	Work Phone:	Cellular Phone:
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:		
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: 13/05/24