	•	nsibility of every employee toinform HR	
In Case of Emergency Form	Department regarding any changes.		
I. GENERAL INFORMATION			
Employee Name: Pooja Pal	Gender: M □ F 🗹	Date of Birth: 19/09/2002	
Current Address: Crystall Villa, Plot no. 55, Sec-2, Ulwe, Navi Mumbai, Maharashtra		City: Navi Mumbai State: Maharashtra	
Permanent Address: Crystall Villa, Plot no. 55, Sec-2, Ulwe, Navi Mumbai, Maharashtra		City: Navi Mumbai State: Maharashtra	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: Lalman Pal		Relationship: Father	
Phone: 9029946122	Address: Crystall Villa, Plot no. 55, Sec-2, Ulwe, Navi Mumbai, Maharashtra		
Name: Nandlal Pal		Relationship: Brother	
Phone: 8080792486	Address: Crystall Villa, Plot no. 55, Sec-2, Ulwe, Navi Mumbai, Maharashtra		
Name: Poonam Pal		Relationship: Sister	
Phone: 7506978002	Address: Crystall Villa, Plot no. 55, Sec-2, Ulwe, Navi Mumbai, Maharashtra		
Name:		Relationship:	
Phone:	Address:	ddress:	
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship	
Phone	Address:		
Name:	ne:		
Phone:	Address:		

Please provide the details of any of your friends				
Name: Mrunal Shingate	Location: Ulwe	Profession: Working		
Home Phone: 8850554229	Work Phone:	Cellular Phone:		
Name: Aditya Mhaske	Location: Juinagar	Profession: Working		
Home Phone: 8355814629	Work Phone:	Cellular Phone:		
Name:	Location:	Profession:		
Home Phone:	Work Phone:	Cellular Phone:		
IN CASE OF EMERGENCY PLEASE CONTACT				
Name: Lalman Pal	Relationship: Father			
Home Phone: 9029946122	Work Phone:	Cellular Phone:		
Name: Aditya Mhaske	Relationship: Friend			
Home Phone: 8355814629	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: 06/05/2024		