In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.			
I. GENERAL INFORMATION				
Employee Name: Umesh Patel	Gender: M ☑ F □	Date of Birth: 15/10/1992		
Current Address: E-1/602, Dhanlaxmi Society, A.G link road Asalfa Ghatkoper (W) 400072		City:Mumbai State Mahar		
Permanent Address: Same as Current Address		City: State	):	
Please provide your Family Details (Parents, Siblings, Spouse etc.)				
Name: Pravin Patel		Relationship: Father		
Phone: <del>\$224653628</del> 9224653038	Address: Same as my			
Name: Ramilaben Patel		Relationship: Mother		
Phone: 9920719903	Address: Same as my	1		
Name: Mitesh Patel	,	Relationship: Brother		
Phone: 9619595054 Address: Same as my				
Name:		Relationship:		
Phone:	Address:	ddress:		
Name:		Relationship:		
Phone: Address:				
Name:		Relationship:		
Phone:	Address:			
Name:		Relationship		
Phone	Address:			
Name:		Relationship:		
Phone:	Address:	dress:		

Please provide the details of any of your friends				
Name: Sandesh Patil	Location:	Profession:		
	Mumbai	Data Analyst		
Home Phone:	Work Phone:	Cellular Phone: 9820120136		
Name: Rohan Pathak	Location:	Profession:		
	Navi Mumbai	Test Engineer		
Home Phone:	Work Phone:	Cellular Phone: 8169071364		
Name:	Location:	Profession:		
Home Phone:	Work Phone:	Cellular Phone:		
IN CASE OF EMERGENCY PLEASE CONTACT				
Name: Mitesh Patel	Relationship: Brother			
Home Phone:	Work Phone:	Cellular Phone: 9619595054		
Name: Dinesh Patel	Relationship: Brother in law			
Home Phone	Work Phone	Cellular Phone: 9029719265		
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: No				
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:  No				
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT				
Employee Signature: Type text here		Date Signed: 09/01/2023		