

(16)

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: ALEX CHERIAN		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 28-07-2003
Current Address: Bldg. No 1, Flat No 1 ASSISI Nagar P.L. Lokhande Marg Chembur - 400043 Mumbai Maharashtra		City:	State:
Permanent Address: 1/1 ASSISI Nagar P.L. Lokhande Marg Chembur - 400043 Mumbai Maharashtra		City:	State:
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: CHERIAN THOMAS		Relationship: FATHER	
Phone: +91 9920781266		Address: 1/1 ASSISI Nagar P.L. Lokhande Marg Chembur - 400043	
Name: BINDHU CHERIAN		Relationship: MOTHER	
Phone: +91 9870484606		Address: 1/1 ASSISI Nagar P.L. Lokhande Marg Chembur - 400043	
Name: CHRISTINA CHERIAN		Relationship: SISTER	
Phone: +91 7506865605		Address: 1/1 ASSISI Nagar P.L. Lokhande Marg Mumbai - 400043	
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: Paul Joseph	Location: Chembur	Profession: Central Gov. Railways
Home Phone: —	Work Phone: —	Cellular Phone: +91 77388 98747
Name: Advait Subhash	Location: Chembur	Profession: BMS Student
Home Phone: —	Work Phone: —	Cellular Phone: +91 99878 07192
Name: Jio Simon	Location: Tilak Nagar	Profession: Student
Home Phone: —	Work Phone: —	Cellular Phone: +91 99876 13615

IN CASE OF EMERGENCY PLEASE CONTACT

Name: BINDHU CHERIAN	Relationship: MOTHER	
Home Phone: —	Work Phone: —	Cellular Phone: +91 9870484 606
Name: CHERIAN THOMAS	Relationship: FATHER	
Home Phone: —	Work Phone: —	Cellular Phone: +91 9920781266


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:
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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:
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II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

Employee Signature: 	Date Signed: 09-06-25
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