In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name: Aniket Vithoba Patil	Gender: M ☑ F ☐	Date of Birth: 27/07/1997
Current Address: Kharpada, Pen, Raigad		City: pen State: Maharashtra
Permanent Address: kharpada, Pen, Raigad		City: Pen State: Maharashtra

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

Name: Vithoba Maya Patil	Relationship: Father
Phone: 9209470821	Address: kharpada, pen, Raigad
Name: Asha Vithoba Patil	Relationship: Mother
Phone: 9209470821	Address: kharpada, Pen, Raigad
Name: Akshay Vithoba Patil	Relationship: Brother
Phone: 9028805377	Address: kharpada, Pen, Raigad
Name: Aditya Anant Patil	Relationship: Cousins
Phone: 7769043589	Address: Kharpada, pen, Raigad
Name: Anant Maya Patil	Relationship: Uncle
Phone: 8087395174	Address: Kharpada, Pen, Raigad
Name:	Relationship:
Phone:	Address:
Name:	Relationship
Phone	Address:
Name:	Relationship:
Phone:	Address:

Please provide the details of any of your friends		
Name: Sanket Gharat	Location: Kharpada	Profession: Chemical Engineer
Home Phone: 8087843257	Work Phone:	Cellular Phone:
Name: Pranay Munde	Location: Pen	Profession:
Home Phone: 9970067488	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT

Name:	Relationship:	
Home Phone:	Work Phone:	Cellular Phone:
Name:	Relationship:	
Home Phone	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: Aniket	Date Signed: 25/03/2022