

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Laxman Ramchandra Pawar	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 08/10/1995
Current Address: Flat no-204, Plot no-08 Sec-12/D Om Sai Building Koperkhairne	City: Navi Mumbai	State: Maha- rashtra
Permanent Address: Same as Above	City: Navi Mumbai	State: Maha- rashtra
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: ALKA Ramchandra Pawar	Relationship: Mother	
Phone: 9004519427	Address: Flat no-204, Plot no-08 Om Sai Building Koperkhairne	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	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: Sumit Sanjay Mahadik	Location: Satara Sangli	Profession: Business
Home Phone: 9970299771	Work Phone: -	Cellular Phone: -
Name: Shubham Bhosale	Location: Panvel	Profession: Business
Home Phone: 9967119161	Work Phone: -	Cellular Phone: -
Name: Vishal Thorath	Location: Mumbai	Profession: student
Home Phone: 9870063897	Work Phone: -	Cellular Phone: -
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Aika Ramchandra Pawar	Relationship: mother	
Home Phone: 9004519427	Work Phone: -	Cellular Phone: -
Name: Bhavna Ramchandra Pawar	Relationship: sister	
Home Phone: 9664957023	Work Phone: -	Cellular Phone: -
Preferred Hospital: MUM Hospital Vashi		
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: <i>Jayrao</i>	Date Signed: 19 Dec 2020	