


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: MANOJ KUMAR	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 10/01/1995
Current Address: PLOT NO 208 GAYTREE VANDANA SECTOR 1 GHANSOLI NAVI MUMBAI 400701		City: NAVI MUMBAI State: MAHARASHTRA
Permanent Address: WARD NO 01 VILLAGE SIWANGHAT POST LAWANI DIST BALAGHAT M.P. 481335		City: BALAGHAT State: MADHYA PRADESH
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: KOTHULAL NINAWÉ		Relationship: FATHER
Phone: 7909388536	Address: WARD NO 01 VILLAGE SIWANGHAT POST LAWANI DIST BALAGHAT M.P. 481335	
Name: UMESHWARI NINAWÉ		Relationship: MOTHER
Phone:	Address: WARD NO 01 VILLAGE SIWANGHAT POST LAWANI DIST BALAGHAT M.P. 481335	
Name: VINOD KUMAR		Relationship: BROTHER
Phone: 9752040348	Address: WARD NO 01 VILLAGE SIWANGHAT POST LAWANI DIST BALAGHAT M.P. 481335	
Name: SANJAY KUMAR		Relationship: BROTHER
Phone: 7773075785	Address: WARD NO 01 VILLAGE SIWANGHAT POST LAWANI DIST BALAGHAT M.P. 481335	
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: RAJESH KUMAR	Location: Navi Mumbai	Profession: JOB
Home Phone:	Work Phone:	Cellular Phone: 7999952592
Name: OMKAR MANESHWAR	Location: BALAGHAT	Profession:
Home Phone:	Work Phone:	Cellular Phone: 9098239800
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: 		Date Signed: 16/09/2022