

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.
I. GENERAL INFORMATION		
Employee Name: Shubham Pralhad madhavi	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 06/10/1998
Current Address: Sapad gaon, Shree ganesh tem. near, wadeghar road, kalyan (w.)		City: Kalyan State: mah.
Permanent Address: Sapad gaon, near Shree ganesh tem., wadeghar road, kalyan (w.)		City: kalyan State: mah.
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Pralhad Dattu madhavi		Relationship: father
Phone: 7021748016	Address: Sapad gaon, kalyan (w.)	
Name: vidya Pralhad madhavi		Relationship: mother
Phone: 9137343563	Address: Sapad gaon, kalyan (w.)	
Name: bhagwan Dattu madhavi		Relationship: Bro uncle
Phone: 9323827081	Address: Sapad gaon	
Name: vasant Dattu madhavi		Relationship: uncle
Phone: 9819295130	Address: Sapad gaon	
Name: Suhas Dattu madhavi		Relationship: uncle
Phone: 9220640730	Address: Sapad gaon	
Name: Yash Pralhad madhavi		Relationship: Brother
Phone: 8828481331	Address: Sapad gaon	
Name: vicky Jagannath patil		Relationship: Brother
Phone: 9019904128	Address: Bhiwandi, kashiwadi	
Name: Jaywant Hari patil		Relationship:
Phone: 9970805501	Address: kevni, Bhiwandi	

Shubham

Please provide the details of any of your friends		
Name: Sahil mhatre	Location: Kalyan	Profession: -
Home Phone:	Work Phone:	Cellular Phone: 7021081560
Name: Aditya pashte	Location: chembur	Profession: in jio
Home Phone:	Work Phone:	Cellular Phone: 7715009566
Name: Sainath madhavi	Location: Kalyan	Profession:
Home Phone:	Work Phone:	Cellular Phone: 9324370091
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Vicky Patil	Relationship: Brother	
Home Phone:	Work Phone:	Cellular Phone: 9019904128
Name: bhagwan madhavi	Relationship: uncle	
Home Phone	Work Phone	Cellular Phone: 9323827081
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: <u>Shubham</u>		Date Signed: 06/10/2022