

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: DEEPAK PANDA		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 21/08/1998
Current Address: 710, VIKAS SOCIETY, LAXMI NAGAR, NEW LINK ROAD, GOREGAON (W).		City: MUMBAI	State: MAHARASHTRA
Permanent Address: 710, VIKAS SOCIETY, LAXMI NAGAR, NEW LINK ROAD, GOREGAON (W).		City: MUMBAI	State: MAHARASHTRA
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: KISHOR PANDA		Relationship: FATHER	
Phone: 9167270157	Address: 710, VIKAS SOC., LAXMI NAGAR, NEW LINK ROAD, GOREGAON (W), MUM-104		
Name: SAVITA PANDA		Relationship: MOTHER	
Phone: 9326479281	Address: 710, VIKAS SOC., LAXMI NAGAR, NEW LINK ROAD, GOREGAON (W), MUM-104		
Name: AAKASH PANDA		Relationship: BROTHER	
Phone: 8369653058	Address: 710, VIKAS SOC., LAXMI NAGAR, NEW LINK ROAD, GOREGAON (W), MUM-104.		
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:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: KISHOR PANDA	Relationship: FATHER	
Home Phone: 8369653058	Work Phone:	Cellular Phone: 9167270157
Name: SAVITA PANDA	Relationship: MOTHER	
Home Phone 9326479281	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: <i>Deepak</i>		Date Signed: 21/08/2021