

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

I. GENERAL INFORMATION

Employee Name: Adinath Bhimrao Kadam	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 03/10/2000
Current Address: flat No: 505, Radhekrishna Apt. Ulwe, Navi, Mumbai.	City: Navi Mumbai	State: Maharashtra
Permanent Address: Naibai Galli, Jaygaon, Tal. Parsali Vajinath, district: Beed.	City: Parsali, Beed.	State: Maharashtra.
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Bhimrao Baburao Kadam	Relationship: Father	
Phone: 9922769894	Address: Naibai Galli, Jaygaon, Tal. Parsali, Jaygaon, Parsali Vajinath, Beed, Maharashtra	
Name: Omkar Bhimrao Kadam	Relationship: Brother	
Phone: 8080600882	Address: Sahita Flat No. 203, Saiila Apartment, Ambegon budruk, Pune 411041.	
Name: Archana Bhimrao Kadam	Relationship: Sister	
Phone: 9527880971	Address: Naibai Galli, Jaygaon, Tal. Parsali, Jaygaon, Parsali Vajinath, Beed, Maharashtra.	
Name: Jayshri Amit Khandare	Relationship: Sister	
Phone: 7304679328	Address: Sahayog Nagar, Gokul Nagar, Patthar, Atul Nagar, Warje malwadi, Pune.	
Name: Amol Angad Damute	Relationship: Cousin.	
Phone: 9175489912	Address: Kiran Samruddhi A, HP3vt F5w, sus, Pune, Maharashtra 411021.	
Name: Santosh Somvanshi	Relationship: Cousin	
Phone: 7875075784	Address: Paunjai mandir, Harmon Apartment, Navale Bridge wadgaon, Pune.	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: Shivam Gade	Location: Mumbai	Profession: developer
Home Phone: 8847728858	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: 9922769894 Bhimrao Baburao Kadam	Relationship: Father	
Home Phone: 9922769894	Work Phone:	Cellular Phone:
Name: Omkar Bhimrao Kadam	Relationship: Brother	
Home Phone 8080600882	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: <u>A. Kadam</u>		Date Signed: 17/04/2025