In Case of Emergency Form	•	ility of every employee to ent regarding any changes.	
and the same of th			
I. GENERAL INFORMATION			
Employee Name: Suraj Waghade	Gender: M ☑ F □	Date of Birth: 02 Dec 1996	
Current Address: Kopar Kairane, Sector	19B, Navi Mumbai	City: Navi State: Maha- Mumbai rashtra	
Permanent Address: At Post Madnapur Taluka Mahur Dist Nanded		City: Nanded State: Maha- rashtra	
Please provide your Family Details (Parents, Sib		lings, Spouse etc.)	
Name: Nirmala Datta Waghade		Relationship: Mother	
Phone: 8308295061	Address: At Post M Dist Nano	ladnapur Taluka Mahur ded	
Name: Pooja Datta Waghade		Relationship: Sister	
Phone: 8080035154	Address: At Post M	ladnapur Taluka Mahur led	
Name:	L	Relationship:	
Phone:	Address:		
Name:	L	Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship	
Phone	Address:	I	
Name:	1	Relationship:	
Phone:	Address:	I	

Please provide the details of any of your friends			
Name: Shridhar Ingavale	Location: Mumbai	Profession: Engineer	
Home Phone:	Work Phone: 9503061055	Cellular Phone:	
Name: Pappu Kumar	Location: Mumbai	Profession: Engineer	
Home Phone:	Work Phone: 9591148910	Cellular Phone:	
Name:	Location:	Profession:	
Home Phone:	Work Phone:	Cellular Phone:	
IN CASE OF EMERGENCY PLEASE CONTACT			
Name: Nirmala Datta Waghade	Relationship: Mother		
Home Phone: 8308295061	Work Phone:	Cellular Phone:	
Name: Maroti Waghade	Relationship: Uncle		
Home Phone 8605579563	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: 17-12-2024	