


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: IBRIN NADAR	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: 29/04/1997
Current Address: Room no.2, Pranali Constructions, Pada Road, Chinchpada, Kalyan East- 421306.		City: Kalyan State: Maharashtra
Permanent Address: Room no.2, Pranali Constructions, Pada Road, Chinchpada, Kalyan East- 421306.		City: Kalyan State: Maharashtra
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: ISSAC SAMRAJ KUMAR		Relationship: Father
Phone: 8652596967	Address: Room no.2, Pranali Constructions, Pada Road, Chinchpada, Kalyan East- 421306.	
Name: Latha Kumar		Relationship: Mother
Phone: 9867039615	Address: Room no.2, Pranali Constructions, Pada Road, Chinchpada, Kalyan East- 421306.	
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: SATBINDER SINGH	Location: Kalyan	Profession: IT Employee
Home Phone:	Work Phone:	Cellular Phone: 9082428320
Name: VIJAY SELVAN	Location: Mahim	Profession: IT Employee
Home Phone:	Work Phone:	Cellular Phone: 7715089167
Name: ANIKET RAMGADE	Location: Bhandup	Profession: IT Employee
Home Phone:	Work Phone:	Cellular Phone: 8104149644
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: GAWRISH SONAONE	Relationship: Friend	
Home Phone:	Work Phone:	Cellular Phone: 9869172488
Name: MANOJ	Relationship: Friend	
Home Phone	Work Phone	Cellular Phone: 9321841189
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: 22/11/2023