

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Vaishnav Ramchandra Khandale	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 24/10/2002
Current Address: A-212 Hamy Residency,Dattanagar , Ambegaon Katraj Road,Pune-411046		City: Pune State: Maharastra
Permanent Address: A/P Yevali ,Tal. Bhore,Dist.Pune-412206		City: Bhore State: Maharastra
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Ramchandra D Khandale		Relationship: Father
Phone: 9921950508	Address: A/P Yevali ,Tal. Bhore,Dist.Pune-412206	
Name: Kaveri R Khandale		Relationship: Mother
Phone:	Address: A/P Yevali ,Tal. Bhore,Dist.Pune-412206	
Name: Shrushti R Khandale		Relationship: Sister
Phone: 7620532476	Address: A/P Yevali ,Tal. Bhore,Dist.Pune-412206	
Name: Subhash D Khandale		Relationship: Uncle
Phone: 9588423905	Address:A-212 Hamy Residency,Dattanagar , Ambegaon Katraj Road,Pune-411046	
Name: Sarika S Khandale		Relationship: Aunty
Phone: 8669397617	Address: A-212 Hamy Residency,Dattanagar , Ambegaon Katraj Road,Pune-411046	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship
Phone	Address:	
Name:		Relationship:
Phone:	Address:	

Please provide the details of any of your friends		
Name: Suyog D Jadhav	Location: Pune	Profession: Job
Home Phone:	Work Phone:	Cellular Phone: 8530742027
Name: Aniket Gund	Location: Bhor	Profession: Job
Home Phone:	Work Phone:	Cellular Phone: 8830744912
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Subhash D Khandale	Relationship: Uncle	
Home Phone:	Work Phone:	Cellular Phone: 9588423905
Name: Sarika S Khandale	Relationship: Aunty	
Home Phone	Work Phone	Cellular Phone: 8669397617
Preferred Hospital: Bharati Vidhyapeeth Pune		
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>V. Khandale</u>		Date Signed: 28/11/2025