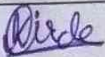


<b>In Case of Emergency Form</b>		It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>			
Employee Name: <b>AKSHAY D. KIRDE</b>		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <b>18/02/2004</b>
Current Address: <b>B-2/302/Mangalmurti, Omkarneshwar C.H.S, Bonshet, New Panvel</b>		City: <b>Panvel</b>	State: <b>Maharashtra</b>
Permanent Address: <b>B-2/302/Mangalmurti, Omkarneshwar C.H.S, Bonshet, New Panvel</b>		City: <b>Panvel</b>	State: <b>Maharashtra</b>
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>			
Name: <b>Dashrath Kirde</b>		Relationship: <b>Father</b>	
Phone: <b>9702478361</b>		Address: <b>Same as Permanent Address</b>	
Name: <b>Kavita Kirde</b>		Relationship: <b>Mother</b>	
Phone: <b>7506188515</b>		Address: <b>Same as Permanent Address</b>	
Name: <b>Akash Kirde</b>		Relationship: <b>Brother</b>	
Phone: <b>7304232878</b>		Address: <b>Same as Permanent Address</b>	
Name: <b>Siddhesh Mapgaonkar</b>		Relationship: <b>Friend</b>	
Phone: <b>87670 15364</b>		Address: <b>At. Mapgaon, Alibaug</b>	
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: Siddhesh mapgaonkar	Location: Alibaug	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 87670 15364
Name: Sakshi Patil	Location: Panvel	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 74998 89392
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name:	Relationship:	
Home Phone:	Work Phone:	Cellular Phone:
Name:	Relationship:	
Home Phone	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: 06/07/2025