

**In Case of Emergency Form**

It is the responsibility of every employee to inform HR Department regarding any changes.

**I. GENERAL INFORMATION**

Employee Name:

Prathamesh Sunil Mahadik

Gender:

M ☒ F ☐

Date of Birth:

20/07/1999

Current Address: Building No. 11 'A' wing room

No 303 Mansarovar complex Kamothe

City:

State:

Navi Mumbai Maharashtra

Permanent Address: H.N - 159, Vajevadi, Meghi

Ratnagiri 415807

City:

State:

Ratnagiri Maharashtra

**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: Sunil Sakharan Mahadik

Relationship: Father

Phone: 9921917083

Address: H.N - 159, Vajevadi,  
Meghi, Ratnagiri 415807.

Name: Anant Sakharan Mahadik

Relationship: ~~Nephew~~  
Uncle

Phone: 9623934851

Address: H.N. 159, Vajevadi,  
Meghi, Ratnagiri - 415807

Name: Prasad Parshuram Chale

Relationship:  
Brother

Phone: 8097642123

Address: Building No 11 'A' wing room  
No: 303 Mansarovar complex Kamothe

Name: Pravin Parshuram Chale

Relationship:  
Brother

Phone: 7977044724

Address: Building No 11 'A' wing room  
No: 303 Mansarovar complex Kamothe

Name: Vilas Keshav Bhalekar

Relationship: ~~Nephew~~ Uncle

Phone: 7506907570

Address: B-107, Man-Deep Co. Op,  
Naughar Road, Sai Baba Nagar, Bhayandar

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

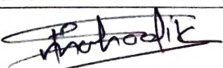
Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please provide the details of any of your friends		
Name: Raj Uday Patole	Location: Pune	Profession: Network Engineer
Home Phone: 8698911732	Work Phone: —	Cellular Phone: —
Name: Anuj Sandeep Tharwal	Location: Gubagar	Profession: Business consultant
Home Phone: 8459962218	Work Phone: —	Cellular Phone: —
Name: Kunal Kashiram Lotankar	Location: Ratnagiri	Profession: Merchant Chef Cook Nelay.
Home Phone: 7768894120	Work Phone: —	Cellular Phone: —
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Sunil Sakharam Mahadik	Relationship: Father	
Home Phone: 9921917083	Work Phone: —	Cellular Phone: —
Name: Prasad Parshuram Chile	Relationship: Brother	
Home Phone: 8097642123	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: N/A.		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 		Date Signed: 4/02/2022.