In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION		
Employee Name: Sukas Gaikwad	Gender: M ☑ F ☐	Date of Birth: 23/04/1986
Current Address: C-401, Shree Sai Sadan CHS Plot No A-1, Sector-07, Khanda Colony		City: Panvel State: Maharashtra
Permanent Address: Same as above		City: State:

Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Usha Machindranath Gaikwad		Relationship: Mother
Phone: 9768152410	Address: C-401, Shree Sai Sadan CHS Plot No. A1 Sector 7, Khanda Colony.	
Name: Vinod Machindranath Gaikwad		Relationship: Brother
Phone: 9320338649	Address: Same as above	
Name: Shubhangi Machindranath Gaikwad		Relationship: Sister
Phone: 8850681827	Address: Same as above	
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: Pravin Waghmare	Location: Panvel	Profession: Advocate
Home Phone:	Work Phone:	Cellular Phone: 9320954656
Name: Adhik Mane	Location: Satara	Profession: Business
Home Phone:	Work Phone:	Cellular Phone: 9860983731
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Usha Machindranath Gaikwad	Relationship: Mother	
Home Phone:	Work Phone:	Cellular Phone: 9768152410
Name: Vinod Gaikwad	Relationship: Brother	
Home Phone	Work Phone	Cellular Phone: 9320338649
Preferred Hospital: Any good 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: Vinod Gaikwad		Date Signed: 03/06/2025