


<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: Jignesh Vaishnav	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 31/03/2000
Current Address: C-302, Omkar residency, opposite of titwala railway station, titwala west, titwala - 421605		City: Kalyan State: Maharashtra
Permanent Address: Ramdev Mandir Road, block no,106, malbar hill road, mulund west, mulund - 400082		City: Mumbai State: Maharashtra
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Shivdas Vaishnav		Relationship: Father
Phone: 8652382270	Address: C-302, Omkar residency, opp of titwala railway station, titwala(w) - 421605	
Name: Manju Vaishnav		Relationship: Mother
Phone: 9702364310	Address: C-302, Omkar residency, opp of titwala railway station, titwala(w) - 421605	
Name: Nikita Vaishnav		Relationship: Sister
Phone: 8879345363	Address: C-302, Omkar residency, opp of titwala railway station, titwala(w) - 421605	
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: Tarun Giri	Location: Mulund	Profession: SME, Amazon
Home Phone: 9004220609	Work Phone: 9004220609	Cellular Phone: 9004220609
Name: Aakash Singh	Location: Vasind	Profession: SSE, Infosys
Home Phone: 9096398771	Work Phone: 9096398771	Cellular Phone: 9096398771
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Shivdas Vaishnav	Relationship: Father	
Home Phone: 8652382270	Work Phone: 8652382270	Cellular Phone: 8652382270
Name: Manju Vaishnav	Relationship: Mother	
Home Phone 9702364310	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: 22/06/2024