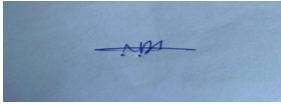


In Case of Emergency Form		It is the responsibility of every employee to inform the HR Department regarding any changes.
I. GENERAL INFORMATION		
Employee Name: MS. Nisha Pol	Gender: F	Date of Birth: 26/06/1999
Current Address: 601/ A / Prime homes sec -3, Karanjade old panvel navi mumbai -410206		City: State: Panvel Maharashtra
Permanent Address: 601/ A / Prime homes sec -3, Karanjade old panvel navi mumbai -410206		City: State: Panvel Maharashtra
Please provide your Family Details (Parents, Siblings, Spouses etc.)		
Name: Asha Pol		Relationship: Mother
Phone: 8070119270	Address: 601/ A / Prime homes sec -3, Karanjade old panvel navi mumbai -410206	
Name: Vitthal Pol		Relationship: Father
Phone: 8591065733	Address: 601/ A / Prime homes sec -3, Karanjade old panvel navi mumbai -410206	
Name: Nishant Pol		Relationship: Brother
Phone: 8850304549	Address: 601/ A / Prime homes sec -3, Karanjade old panvel navi mumbai -410206	
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:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Asha Pol	Relationship: Mother	
Home Phone: 8070119270	Work Phone: 8070119270	Cellular Phone: 8070119270
Name: Vitthal Pol	Relationship: Father	
Home Phone 8591065733	Work Phone 8591065733	Cellular Phone: 8591065733
Preferred Hospital: NA		
Physician's Name NA	Specialist Name:	Dentist Name:

Phone: NA	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: 02/01/2023