

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name:SHEKHAR TATU PAWAR	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:14/03/1998
Current Address:19-SAI POOJA CHAWL 7,NEAR SHIVSENA SHAKHA,SANT DYANESHWAR NAGAR ,WAGLE ESTATE,THANE	City:THANE	State:MAHA RASTRA
Permanent Address:AT,AMBELE (BK) ,POST.SHIVALE,TAL.MURBAD	City:THANE	State:MAHA STRA
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name:TATU GANPAT PAWAR	Relationship:FATHER	
Phone:9356709468	Address: AT,AMBELE (BK) ,POST.SHIVALE,TAL.MURBAD,DIST.THANE	
Name:SHARMILA TATU PAWAR	Relationship:SISTER	
Phone:9145606408	Address: : AT,AMBELE (BK) ,POST.SHIVALE,TAL.MURBAD,DIST.THANE	
Name:VISHWAS PAWAR	Relationship:BROTHER	
Phone:9920494801	Address:101-HILLTOP APT,SAVRKAR NG,THANE	
Name:RESHMA PAWAR	Relationship:SISTER	
Phone:9022689842	Address: 19-SAI POOJA CHAWL 7,NEAR SHIVSENA SHAKHA,SANT DYANESHWAR NAGAR ,WAGLE ESTATE,THANE	
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:TANMAY BAHADURE	Location:KALYAN	Profession:STUDENT
Home Phone:9833531502	Work Phone:	Cellular Phone:
Name:GAURAV PATIL	Location:TITWALA	Profession:SOFTWARE ENGG
Home Phone:8983731221	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name:TATU G PAWAR	Relationship:FATHER	
Home Phone: 9356709468	Work Phone:	Cellular Phone:
Name:VISHWAS PAWAR	Relationship:BROTHER	
Home Phone-9920494801	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:SHEKHAR PAWAR		Date Signed:28/12/2022