

<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: Praveen Bhati	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 20/08/1996
Current Address: shanti heights, flat no;402 ,A wing ,sector 11 , Koparkhairne.	City: NaviMumbai State: Maharashtra	
Permanent Address: Address: shanti heights, flat no;402 ,A wing ,sector 11 , Koparkhairne.	City: NaviMumbai State: Maharashtra	
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Tarachand bhati	Relationship: father	
Phone: 9322504050	Address: shanti heights, flat no;402 ,A wing ,sector 11 , Koparkhairne.	
Name: Komal Bhati	Relationship: Mother	
Phone: 9321772893	Address: shanti heights, flat no;402 ,A wing ,sector 11 , Koparkhairne.	
Name: Pramod	Relationship: brother	
Phone: 8619244110	Address: shanti heights, flat no;402 ,A wing ,sector 11 , Koparkhairne.	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

<b>Please provide the details of any of your friends</b>		
Name: Dhiraj	Location: Navimumbai	Profession: Business
Home Phone: 8128977922	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
<b>IN CASE OF EMERGENCY PLEASE CONTACT</b>		
Name: Tarachand Bhati	Relationship: Father	
Home Phone: 9322504050	Work Phone: 9322504050	Cellular Phone: 9322504050
Name:	Relationship:	
Home Phone	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:		
<b>II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT</b>		
Employee Signature: Praveen Bhati		Date Signed: 27022026