

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

Employee Name: SATISH HATWAR	Gender: MALE M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 15/06/1994
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Current Address: PLOT NO.49,NR MENS HOSTEL GACHIBOWLI HYDERABAD 500032	City: HYDERABAD State:TELENGANA
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Permanent Address: NEW DYANESHWAR NAGAR MANEWADA ROAD NAGPUR-440027	City: NAGPUR State: MAHARASTRA
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Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: NANAKRAM HATWAR	Relationship: FATHER
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Phone: 8956632203	Address: NEW DYANESHWAR NAGAR MANEWADA ROAD NAGPUR-440027
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Name: KANTA HATWAR	Relationship: MOTHER
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Phone: 9175021520	Address: NEW DYANESHWAR NAGAR MANEWADA ROAD NAGPUR-440027
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Name: SANDESH HATWAR	Relationship: BROTHER
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Phone: 8149924258	Address: NEW DYANESHWAR NAGAR MANEWADA ROAD NAGPUR-440027
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Please provide the details of any of your friends		
Name: HARSHAL BHANGE	Location: NAGPUR	Profession: ENGINEER
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: SANDESH HATWAR	Relationship: BROTHER	
Home Phone:	Work Phone:	Cellular Phone: 8149924258
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:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 	Date Signed: 16/03/2026	