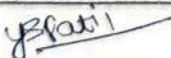


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.
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**I. GENERAL INFORMATION**

Employee Name: Yash Santosh Patil	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 30/01/2001
Current Address: 682, Deshmukh Niwas, Juhu gaon, Sector 11, Vashi, Navi Mumbai	City: Navi- Mumbai	State: Maharashtra
Permanent Address: 387, MTDC Road, Satpada, Kihim, Alibag, Raigad, Maharashtra-402201	City: Alibag	State: Maharashtra
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Santosh Sitaram Patil	Relationship: Father	
Phone: 9767984118	Address: 387, MTDC Road, Satpada, Kihim, Alibag, Raigad, Maharashtra	
Name: Protiksha Santosh Patil	Relationship: Mother	
Phone: 9673940118	Address: 387, MTDC Road, Satpada, Kihim, Alibag, Raigad, Maharashtra	
Name: Sulachana Sitaram Patil	Relationship: Grand-mother	
Phone: -	Address: 387, MTDC Road, Satpada, Kihim, Alibag, Raigad, Maharashtra	
Name: Jay Santosh Patil	Relationship: Brother	
Phone: 9322636014	Address: 387, MTDC Road, Satpada, Kihim, Alibag, Raigad, Maharashtra	
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: Jaydip Janardan Bhagat	Location: Jainagar	Profession: HR - executive
Home Phone: 8669412849	Work Phone:	Cellular Phone: 8669412849
Name: Swapnil Rajendra Gairwad.	Location: Panvel	Profession: Relationship manager
Home Phone:	Work Phone:	Cellular Phone: 8104394628
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Sanjyoti Ghanashyam Mhatre	Relationship: Aunt	
Home Phone:	Work Phone:	Cellular Phone: 7506651264
Name: Yogita Bharat Bhagat	Relationship: cousin sister	
Home Phone	Work Phone	Cellular Phone: 9326794017
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: 31/05/2024