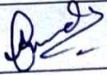


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: ADHISHEK PANDIT	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 21/07/1998
Current Address: HNO. 55 Maharajpur, Patel Magan Jabalpur MP, 482004	City: Jabalpur	State: M.P
Permanent Address: HNO. 55, Maharajpur Patel Magan Jabalpur M.P 482004	City: Jabalpur	State: M.P
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Joganti dani	Relationship: Mother	
Phone: +91 7614005755	Address: HNO. 55, Maharajpur, JBP M.P.	
Name: DHEERendra Pandit	Relationship: Father	
Phone:	Address: HNO. 55 Maharajpur JBP MP	
Name: Pramod Pandit	Relationship: Brother	
Phone: 8880231963	Address: HNO. 55, Maharajpur JBP, MP	
Name: Reena Pandit	Relationship: Sister	
Phone: 8770690673	Address: HNO. 55, Maharajpur JBP, MP.	
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: Ankit Kosta	Location: Jabalpur	Profession: IT Eng.
Home Phone:	Work Phone:	Cellular Phone: 6260484726
Name: Mayank	Location: Jabalpur	Profession: IT Eng.
Home Phone:	Work Phone:	Cellular Phone: 8770907990
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Pramod Pandit	Relationship: Brother	
Home Phone:	Work Phone:	Cellular Phone: 8880231963
Name: Reena Pandit	Relationship: Sister	
Home Phone	Work Phone	Cellular Phone: 8770690673
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: 19/03/26	