


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Jayesh Sachin Kedar	Gender: Male M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 20/03/2001
Current Address: Om Nilkanth Apt. Room no.06 , Suryanagar Vitawa , Kalwa-Thane 400605		City: Thane State: Maharashtra
Permanent Address: Om Nilkanth Apt. Room no.06 , Suryanagar Vitawa , Kalwa-Thane 400605		City: Thane State: Maharashtra
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Sachin Mangolal Kedar		Relationship:
Phone: 9137339171	Address: Om Nilkanth Apt. Room no.06 , Suryanagar Vitawa , Kalwa-Thane 400605	
Name: Arati Sachin Kedar		Relationship:
Phone: 7506144174	Address: Om Nilkanth Apt. Room no.06 , Suryanagar Vitawa , Kalwa-Thane 400605	
Name: Shantanu Sachin Kedar		Relationship:
Phone: 9167671662	Address: Om Nilkanth Apt. Room no.06 , Suryanagar Vitawa , Kalwa-Thane 400605	
Name:		Relationship:
Phone:	Address:	
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: Hrushikesh Vijaykant Patil	Location: Kalwa	Profession: Sales
Home Phone:	Work Phone:	Cellular Phone: 9324185911
Name: Suraj Sudam Dukale	Location: Kalwa	Profession: Engineer
Home Phone:	Work Phone:	Cellular Phone: 7045348538
Name: Akash Subhash Ubale	Location: Kalwa	Profession: Sales
Home Phone:	Work Phone: Shantanu Sachin Kedar	Cellular Phone: 8693890491
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Arati Sachin Kedar	Relationship: Mother	
Home Phone:	Work Phone:	Cellular Phone: 7506144174
Name:	Relationship: Brother	
Home Phone	Work Phone	Cellular Phone: 9167671662
Preferred Hospital: Chhatrapati Shivaji Maharaj 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: 23/03/2026	