

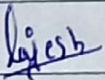
In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.
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I. GENERAL INFORMATION

Employee Name: <u>Rajesh S. Kori</u>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <u>14/04/1998</u>
Current Address: <u>Wagheshwari, Wani Chawl, Room No-41 Mukund Anna Jadhav Marg, Near Manohar Decorator, Parel Village, Mumbai - 400012</u>		City: <u>Mumbai</u> State: <u>MH</u>
Permanent Address: <u>SAME AS ABOVE</u>		City: <u>Mumbai</u> State: <u>MH</u>

Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: <u>Shyamal Ramsharan Kori</u>	Relationship: <u>Father</u>
Phone: <u>9969587536</u>	Address: <u>SAME AS ABOVE</u>
Name: <u>Kalpana Shyamal Kori</u>	Relationship: <u>Mother</u>
Phone: <u>7208237062</u>	Address: <u>SAME AS ABOVE</u>
Name: <u>Karan Shyamal Kori</u>	Relationship: <u>Brother</u>
Phone: <u>9870931228</u>	Address: <u>SAME AS ABOVE</u>
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: Prathamesh Ghogale	Location: Sewri	Profession: Business
Home Phone: —	Work Phone: 9768100864	Cellular Phone: —
Name: Vicky Salunkhe	Location: Sewri	Profession: Driver
Home Phone: —	Work Phone: 8356939480	Cellular Phone: —
Name: Yashraj Salunkhe	Location: Sewri	Profession: Student
Home Phone: —	Work Phone: 9969899908	Cellular Phone: —
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Karan Kori	Relationship: Brother	
Home Phone: —	Work Phone: 9870931228	Cellular Phone: —
Name: Prathamesh Ghogale	Relationship: Friend	
Home Phone: —	Work Phone: 9768100864	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: 10/05/2025	