

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

Employee Name:	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 18/06/2000
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Current Address: krishna bhuvan society , uthlasar vaity marg , thane west	City: thane west	State: maharashtra
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Permanent Address: krishna bhuvan society , uthlasar vaity marg , thane west	City: thane west	State: maharashtra
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**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: ulhas sonalkar	Relationship: father
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Phone:	Address: krishna bhuvan society , uthlasar vaity marg , thane west
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Name: sushama sonalkar	Relationship: mother
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Phone:	Address: krishna bhuvan society , uthlasar vaity marg , thane west
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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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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<b>Please provide the details of any of your friends</b>		
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
<b>IN CASE OF EMERGENCY PLEASE CONTACT</b>		
Name:	Relationship:	
Home Phone:	Work Phone:	Cellular Phone:
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: shell fish allergy		
<b>II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT</b>		
Employee Signature: 		Date Signed: 25/02/2026