

In Case of Emergency Form

It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name:

NIRAJ TUKARAM KOLI

Gender:

M F

Date of Birth:

17 Dec 1998

Current Address: C wing 402, Saidham Society
near Cng pump shahad west 421103City: Kalyan State:
MaharashtraPermanent Address: C wing 402 Saidham Society
near Cng Pump Shahad W 421103City: Kalyan State:
Maharashtra.**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: Shaila Tukaram Koli

Relationship: Mother

Phone: 8779 237629

Address: C wing 402 Saidham Society
near Cng pump shahad w.

Name: Pujá Tukaram Koli

Relationship: Sister

Phone: 9768680459

Address: E wing 901 Saidham Society
near Cng pump shahad w.

Name:

Relationship:

Phone:

Address:

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:	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:

IN CASE OF EMERGENCY PLEASE CONTACT

Name:	Relationship:	
Home Phone:	Work Phone:	Cellular Phone:
Name:	Relationship:	
Home Phone	Work Phone	Cellular Phone:

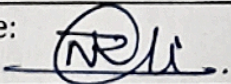
Preferred Hospital:

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:

II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

Employee Signature: 	Date Signed: 26 Feb 2026
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