In Case of Emergency Form

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

I. GENERAL INFORMATION

Field	Value	Field	Value	Field	Value
Employee Name:	Ajit. Dasharath Yewale	Gender:	M ☑ F ☐	Date of Birth:	07-08-1993
Current Address:	Godi kamgar chawl, Shivprerna society, Shivaji Nagar, Parksite, Vikhroli (W)	City:	Mumbai	State:	Maharashtra
Permanent Address:	Same as Current Address.	City:		State:	

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

Field	Value	Field	Value
Name:	Reshma Tanaji Pokharkar	Relationship:	Spouse
Phone:	7045344378	Address:	Same as my current Address.
Name:	Anita Dasharath Yewale	Relationship:	Mother
Phone:	9773 292473	Address:	Same as my current Address
Name:	Anand Dasharath Yewale	Relationship:	Brother
Phone:	8652099545	Address:	Same as my current 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: Reshma Tanaji Pakarkar	Relationship: Spouse	
Home Phone: 9773292473	Work Phone:	Cellular Phone: 7045344378
Name:	Relationship:	
Home Phone	Work Phone	Cellular Phone:
Preferred Hospital: Shantiniketan Hospital		
Physician's Name Praffull lokhande	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: [signature]	Date Signed: 26-02-2026