


<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>		
Employee Name: Shubham Anil Jadhav	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 12/07/2000
Current Address: PMAP Colony Mankhurd West.	City: Man khurd	State: Maharashtra
Permanent Address: AT-Post-Varandh Tal-mahad Dist-Raigad	City: Mahad	State: Maharashtra
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Anil Namdev Jadhav	Relationship: Father	
Phone: 9604238092	Address: AT Post: Varandh Tal-mahad Dist-Raigad	
Name: Shubhangi Anil Jadhav	Relationship: Mother	
Phone: 9604238092	Address: AT Post-Varandh Tal-mahad - Dist-Raigad	
Name: Tushar Sunil Jadhav	Relationship: Brother	
Phone: 7875031378	Address: AT Post-Varandh Tal-mahad Dist-Raigad	
Name: Sumedh Sunil Jadhav	Relationship: Brother	
Phone: 7768014375	Address: AT Post - Varandh Tal-mahad Dist-Raigad	
Name: Kajal Anil Jadhav	Relationship: Sister	
Phone: 9579368408	Address: AT Post: Chandve Tal-Mahad Dist-Raigad	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: Nikhil Satish Gaikwad	Location: New Panvel	Profession: Job
Home Phone:	Work Phone:	Cellular Phone: 8983429939
Name: Samir Dhadre	Location: Sion	Profession: Job
Home Phone:	Work Phone:	Cellular Phone: 9372169583
Name: Sushant Ashok more	Location: Mangan	Profession: Job
Home Phone:	Work Phone:	Cellular Phone: 9762374009
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Tushar Sunil Jadhav	Relationship: Brother	
Home Phone:	Work Phone:	Cellular Phone: 7875031378
Name: Sumedh Sunil Jadhav	Relationship: Brother	
Home Phone	Work Phone	Cellular Phone: 7768014375
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:		
H. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 	Date Signed: 11/01/2023	