

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

**I. GENERAL INFORMATION**

Employee Name: PRATISH DADU SHIRSAT	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 27/10/1991
-------------------------------------	--	---------------------------

Current Address: E-1-11/B-3 SHIVNERI APT. SECTOR-8, NERUL(W) NAVI MUMBAI 400706	City: NAVI MUMBAI	State: MAH.
---	-------------------	-------------

Permanent Address: (SAME AS CURRENT ADDRESS)	City: NAVI MUMBAI	State: MAH.
--	-------------------	-------------

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

Name: DADU APPAJI SHIRSAT	Relationship: FATHER
---------------------------	----------------------

Phone: 9594254279	Address: E-1-11/B-3, SHIVNERI APT. SEC-8, NERUL(W) NAVI MUMBAI
-------------------	--

Name: NIRMALA DADU SHIRSAT	Relationship: MOTHER
----------------------------	----------------------

Phone: —	Address: E-1-11/B-3, SHIVNERI APT. SEC-8, NERUL(W) NAVI MUMBAI
----------	--

Name: PRATIK DADU SHIRSAT	Relationship: BROTHER
---------------------------	-----------------------

Phone: 9867058677	Address: E-1-11/B-3, SHIVNERI APT. SEC-8, NERUL(W) NAVI MUMBAI
-------------------	--

Name: DEEPAI DADU SHIRSAT	Relationship: SISTER
---------------------------	----------------------

Phone: —	Address: E-1-11/B-3, SHIVNERI, APT SEC-8, NERUL(W) NAVI MUMBAI
----------	--

Name:	Relationship:
-------	---------------

Phone:	Address:
--------	----------

Name:	Relationship:
-------	---------------

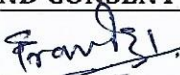
Phone:	Address:
--------	----------

Name:	Relationship:
-------	---------------

Phone:	Address:
--------	----------

Name:	Relationship:
-------	---------------

Phone:	Address:
--------	----------

Please provide the details of any of your friends		
Name: TUSHAR TUKARAM SHINDE	Location: NERUL	Profession: B.E. (NETWORK ENG.)
Home Phone:	Work Phone:	Cellular Phone: 9152396831
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: DADU APPAJI SHIRSAT	Relationship: FATHER	
Home Phone:	Work Phone:	Cellular Phone: 9594254299
Name: PRATIK DADU SHIRSAT	Relationship: BROTHER	
Home Phone:	Work Phone:	Cellular Phone: 9867058677
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: 01/12/2020