

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

Employee Name: SHREYAS MANJREKAR	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 04/09/1998
Current Address: 504 ARIHANT HERITAGE RANJANA DESHMUKH MARG PAREL	City: MUMBAI	State: MAHARASHTRA
Permanent Address: 504 ARIHANT HERITAGE RANJANA DESHMUKH MARG PAREL	City: MUMBAI	State: MAHARASHTRA

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

Name: PRAVIN MANJREKAR	Relationship: FATHER
Phone: 9869176942 9869176942	Address: 504 ARIHANT HERITAGE RANJANA DESHMUKH MARG PAREL
Name: PRAACHI MANJREKAR	Relationship: MOTHER
Phone: 9819450517	Address: 504 ARIHANT HERITAGE RANJANA DESHMUKH MARG PAREL
Name: PRANAV MANJREKAR	Relationship: BROTHER
Phone: 8097931819	Address: 504 ARIHANT HERITAGE RANJANA DESHMUKH MARG PAREL
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: MEHAL DESAI	Location: PAREL, MUMBAI	Profession:
Home Phone:	Work Phone:	Cellular Phone: 9870053171
Name: KUNAL SAPTE	Location: LAL BAUG, MUMBAI	Profession: 7021811876
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

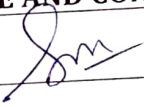
IN CASE OF EMERGENCY PLEASE CONTACT

Name: PRAVIN MANTREKAR	Relationship: FATHER	
Home Phone:	Work Phone:	Cellular Phone: 9869176942
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: 08/12/2020
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