

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Sushant Ashok More	Gender: Male M <input checked="" type="checkbox"/> <input type="checkbox"/>	Date of Birth: 18/06/1999
Current Address: Sector 1 ,Nerul, Navi-Mumbai,Maharashtra 400706	City:Navi-Mumbai State:Maharashtra	
Permanent Address: Sai nagar (West), utekhol wadi, mangaon,Mangaon-Raigad,402104.	City:Mangaon State:Maharashtra	
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Ashok Pandurang More		Relationship: Father
Phone: 9823957072	Address: Sai nagar (West), utekhol wadi, mangaon,Mangaon-Raigad,402104.	
Name:Anjali Ashok More		Relationship: Mother
Phone:	Address: Sai nagar (West), utekhol wadi, mangaon,Mangaon-Raigad,402104.	
Name: Sahil Ashok More		Relationship: Brother
Phone: 9769772848	Address: Sai nagar (West), utekhol wadi, mangaon,Mangaon-Raigad,402104	
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: Shubham Anil Jadhav	Location: Panvel	Profession: Test Engineer
Home Phone:	Work Phone:	Cellular Phone: 8087150274
Name: Rakesh Potale	Location: Indapur	Profession: Test Engineer
Home Phone:	Work Phone:	Cellular Phone:7083739020
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Ashok More	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 9823957072
Name: Nathuram Shirke	Relationship: Uncle	
Home Phone	Work Phone	Cellular Phone: 7620258133
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: 13/06/2024