

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: Ashutosh Nitin Ovhal	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 25/09/2002
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Current Address: Shree Sai Tower, 205, 2 nd floor, Near Sai Mandir, Station Road, Neral	City: Neral State: Maharashtra
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Permanent Address: Sushila Apartment, Room No.4, Ground floor, Kotwal Nagar, Karjat	City: Karjat State: Maharashtra
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Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: Nitin Baban Ovhal	Relationship: Father
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Phone: 9822610627	Address: Shree Sai Tower, 205, 2 nd floor, Near Sai Mandir, Station Road, Neral
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Name: Sandhya Nitin Ovhal	Relationship: Mother
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Phone: 7218977662	Address: Shree Sai Tower, 205, 2 nd floor, Near Sai Mandir, Station Road, Neral
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Name: Baban Laxman Ovhal	Relationship: Grandfather
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Phone: 9822352592	Address: Sushila Apartment, Room No.4, Kotwal, Nagar, Karjat
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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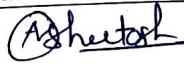
Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Please provide the details of any of your friends		
Name: Akshay Avinash Pawar	Location: Kartjat	Profession: Electrical Engineer
Home Phone:	Work Phone:	Cellular Phone: 8806819041
Name: Akshansh Badhwar	Location: Somatane	Profession: Self-employed
Home Phone:	Work Phone:	Cellular Phone: 7506167344
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Nitin Baban Ovhal	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 9822610627
Name: Baban Laxman Ovhal	Relationship: Grandfather	
Home Phone	Work Phone	Cellular Phone: 9822352592
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: 02/12/24