

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: Mahesh machhindra Mane.	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 22/02/1998
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Current Address: BEST Colony B-2/07, Amrut Nagar, Ghatkopar, west - M-400086.	City: Mumbai State: Maharashtra.
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Permanent Address: Same as current address.	City: Mumbai, State: Maharashtra.
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Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: machhindra Bhanudas Mane.	Relationship: father.
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Phone: 8692812077.	Address: Same as above.
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Name: Surekha machhindra Mane.	Relationship: mother.
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Phone: 8652415389	Address: same as above.
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Name: Sujata machhindra Mane.	Relationship: Sister.
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Phone: 9082961504.	Address: Same as above.
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Name: Ajit machhindra Mane	Relationship: Brother.
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Phone: 8692898596	Address: Same as above.
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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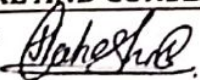
Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Please provide the details of any of your friends		
Name: Rajesh indulkar.	Location: Mumbai.	Profession: Engineers.
Home Phone: 9821823917.	Work Phone:	Cellular Phone:
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: machhindra Mare	Relationship: father.	
Home Phone: 8693027488.	Work Phone:	Cellular Phone:
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: 12/02/2021	