

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: <u>Anurag Yadav</u>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <u>02/02/1996</u>
Current Address: <u>B-304, Shivam aptt, Sector-6 Ghansoli, Navi Mumbai - 400701</u>	City: <u>Ghansoli</u> State: <u>Maharashtra</u>	
Permanent Address: <u>B-304, Shivam aptt, Sector-6 Ghansoli, Navi Mumbai - 400701</u>	City: <u>Ghansoli</u> State: <u>Maharashtra</u>	
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: <u>Rakesh Kumar Yadav</u>	Relationship: <u>Father</u>	
Phone: <u>9870309726</u>	Address: <u>B-304, Shivam aptt, Sector-6 Ghansoli, Navi Mumbai - 400701</u>	
Name: <u>Usha Yadav</u>	Relationship: <u>Mother</u>	
Phone: <u>9580115629</u>	Address: <u>Same as above</u>	
Name: <u>Abhishek Yadav</u>	Relationship: <u>Brother</u>	
Phone: <u>7021599855</u>	Address: <u>Same as above</u>	
Name: <u>Rinku Yadav</u>	Relationship: <u>Sister-in-law</u>	
Phone: <u>8108066865</u>	Address: <u>Same as above</u>	
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: <u>Ujjwal Gupta</u>	Location: <u>Ghansoli</u>	Profession:
Home Phone:	Work Phone:	Cellular Phone: <u>8369278367</u>
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: <u>Rakesh Kumar Yadav</u>	Relationship: <u>Father</u>	
Home Phone:	Work Phone:	Cellular Phone: <u>9870309726</u>
Name: <u>Usha Yadav</u>	Relationship: <u>Mother</u>	
Home Phone	Work Phone	Cellular Phone: <u>9580115629</u>
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: