

[illegible]

Please provide the details of any of your friends		
Name: AMARJEET KUMAR	Location: NEWDELHI	Profession: SERVICE
Home Phone:	Work Phone:	Cellular Phone: 8804840897
Name: ADITYA KUMAR	Location: RAJKOT	Profession: SERVICE
Home Phone:	Work Phone:	Cellular Phone: 8083768140
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: DINESH PRASAD	Relationship: FATHER	
Home Phone:	Work Phone:	Cellular Phone: 8083151408
Name: PRATIBHA KUMARI	Relationship: WIFE	
Home Phone	Work Phone	Cellular Phone: 7654567538
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: Rohit kumar		Date Signed: 02-03-2025