

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>Rishabh Rawat</u>		Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <u>16/11/1999</u>
Current Address: <u>New Ashok Nagar, Delhi</u>		City: <u>Delhi</u> State: <u>Delhi</u>	
Permanent Address: <u>145/2H Chandpur Saloni, Prayagraj</u>		City: <u>Prayagraj</u> State: <u>U.P</u>	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: <u>Rakesh Rawat</u>		Relationship: <u>FATHER</u>	
Phone: <u>9935986093</u>	Address: <u>145/2H Chandpur Saloni, Prayagraj</u>		
Name: <u>Meenu Rawat</u>		Relationship: <u>Mother</u>	
Phone: <u>9935986687</u>	Address: <u>145/2H, Chandpur Saloni, Prayagraj</u>		
Name: <u>Rajit Rawat</u>		Relationship: <u>Brother</u>	
Phone: <u>7985015789</u>	Address: <u>145/2H, Chandpur, Saloni, Prayagraj</u>		
Name:		Relationship:	
Phone:	Address:		
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: Ravi Prajapati	Location: Prayagraj	Profession: Private Job
Home Phone:	Work Phone:	Cellular Phone: 8318327894
Name: Nishu Yadav	Location: Noida	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 6392061083
Name: Kajal Raut	Location: Prayagraj	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 9792608298
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Rajat Raut	Relationship: Brother	
Home Phone:	Work Phone:	Cellular Phone: 7985015789
Name: Rakesh Raut	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 9935986093
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 personnel need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: Rishabh Raut		Date Signed: 18/08/2023