

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.
I. GENERAL INFORMATION		
Employee Name: ANKIT SINGH	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 22/12/2002
Current Address: Noida Sector 62		City: Noida State: UP
Permanent Address: Ward 5, Pagaranagar, Katta, Kushinagar, U.P., 274203		City: Kushinagar State: UP
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Niphil Singh		Relationship: Brother
Phone: 9935003415	Address: Ward 5, Pagaranagar, Katta, Kushinagar, U.P.	
Name: Maya Devi		Relationship: Mother
Phone: 9120999315	Address: Ward 5, Pagaranagar, Katta, Kushinagar, U.P.	
Name: Ranjay Kumar Singh		Relationship: Father
Phone: 6388679365	Address: Ward 5, Pagaranagar, Katta, Kushinagar, U.P.	
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: Ankur Singh	Location: Greater Noida	Profession: Student
Home Phone: 7518539388	Work Phone:	Cellular Phone:
Name: Saket Mishra	Location: Noida sector 62	Profession: Engineer
Home Phone: 7068062158	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Niphal Singh	Relationship: Brother	
Home Phone: 9935003415	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: Ankit Singh		Date Signed: 17/06/24