

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.					
I. GENERAL INFORMATION						
Employee Name:		SHIVAM KUMAR		Gender:		Date of Birth:
				M <input type="checkbox"/> F <input type="checkbox"/>		17/10/1996
Current Address:				Divine Apartment Noida Sector 73		
				City: Noida State: UP		
Permanent Address:				27/26 A NALA KAZI PARA AGRA		
				City: AGRA State: UP		
Please provide your Family Details (Parents, Siblings, Spouse etc.)						
Name:		Vishwanath Singh			Relationship:	
					BROTHER	
Phone:		9967601385		Address:		
				27/26 A NALA KAZI PARA AGRA		
Name:		Chattarpal Singh			Relationship:	
					BROTHER	
Phone:		8881690500		Address:		
				27/26 A NALA KAZI PADA AGRA		
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: PRIYA SINGH	Location: NOIDA	Profession: CSA
Home Phone:	Work Phone: 8604217896	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: Vishwanath singh	Relationship: Brother	
Home Phone: 9967601385	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: Shivam		Date Signed: 31-03-2021