In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name: PAWAN KUMAR	Gender: M☑ F☐	Date of Birth: 6/11/1999
Current Address: Pratap nagar Jaipur		City: Jaipur State: RAJASTHAN
Permanent Address: MUSAFIR GANJ		City: BUXAR State: BIHAR

Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: AMAN KUMAR	Relationship: BROTHER
Phone: 8825262197	Address: BUXAR BIHAR
Name: PRADEEP KUMAR GUPTA	Relationship: FATHER
Phone: 7667539271	Address: BUXAR BIHAR
Name: VINDU DEVI	Relationship: MOTHER
Phone: 9709908387	Address: BUXAR BIHAR
Name: NEERAJ MISHRA	Relationship: FRIEND
Phone: 9117901087	Address: DELHI
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:	Location:	Profession:
Home Phone:	Work Phone:	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:	Relationship:	
Home Phone:	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:		Date Signed: 17/03/25