In Case of Emergency Form	inform HR Department regarding any changes.		
I. GENER	AL INFORMATION		
Employee Name: Saket Mishera	Gender: M ☑ F□	Date of Birth: 10/01/2001	
Current Address: Noida Sector 66		City: Noida - State: U.P.	
Permanent Address: Vill- Jigina Mishana, Post-Bhoth City: Deoria State: UP Dist Deoria U.P., PNN-274701			
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: Chandra Bhushan Mishra.		Relationship: Father	
Phone: 9793446098	Address: Deoni	α.	
Name: Kiran Devi		Relationship: Mother	
Phone: 7518409340	Address: Deonic	λ.	
Name: Amit Kumor Mishona		Relationship: Brother	
Phone: 8957604408	Address: Deo	lia.	
Name: Alok Tiwasii		Relationship: Byother in Law	
Phone: 9984 782666 Address: Deoria.			
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: Ankit Singh	Location:	Profession: Corporate.		
Home Phone:	Work Phone:	Cellular Phone: 9839479675		
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: Amit Kumar mikhra.	Relationship: Brother			
Home Phone:	Work Phone:	Cellular Phone: 8957604408		
Name: Chandra Bhushan Mishra	Relationship: Forther			
Home Phone	Work Phone	Cellular Phone: 9793 4460 96		
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: Caket Mishra		Date Signed: 2/7/2024		