In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.		
I. GENERAL INFORMATION			
Employee Name:	Gender: M-MES F□	Date of Birth: 09/10/2006	
Current Address: Flat number 202 garden view apartment shiv nagar second Ramnagaria Jagatpura Jaipur- 302017		City: JAIPUR State: RAJASTHAN	
Permanent Address: KHOJO KA MOHALLA, THANAGAZI, ALWAR- 301022		City: ALWAR State: RAJASTHAN	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: RAJEEV SHARMA		Relationship: FATHER	
Phone: 8829836205	Address: KHOJO KA MOHALLA, THANAGAZI, ALWAR- 301022		
Name: TUSHAR SHARMA		Relationship: BROTHER	
Phone: 8955807679	Address: KHOJO KA MOHALLA, THANAGAZI, ALWAR- 301022		
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: SHRUTI SHARMA	Location: DELHI	Profession: BUSINESS	
Home Phone:	Work Phone: 8851540865	Cellular Phone:	
Name: MAYANK SHARMA	Location: PUNE	Profession: ENGINEER	
Home Phone:	Work Phone: 8107017142	Cellular Phone:	
Name:	Location:	Profession:	
Home Phone:	Work Phone:	Cellular Phone:	
IN CASE OF EMERGENCY PLEASE CONTACT			
Name: RENU SHARMA	Relationship: MOTHER		
Home Phone:	Work Phone: 9468646867	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: 02/09/2025	