In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.		
I. GENERAL INFORMATION			
Employee Name: VINAY PANDEY	Gender: M □ F□	Date of Birth: 25/06/1991	
Current Address: Bhand PG, M-C Norda, Otton Pro	Block, Section 6 6 desh, 201301	City: Noida State: U. P.	
Permanent Address: Word no. 4, Shantipuri no. 4, Khamisa Block no 4, Udham Singh Nagar, Uttana Phand, 263148		City: Rudsap ur State: Utters bhand	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: DEEPAK PANDEY		Relationship: Borother	
Phone: 8449647708	Address: Ward no. Block no Uttara Pl	4, Shantipuri no. 4, Khamio . 4, Udham Singh Nageon rand -263148	
Name: KAMLESH PANDEY		Relationship: Mother.	
Phone: 6005505355	Address: Ward no	5.4, Shantipuring 4, Khamia 1.4, Udham Singh Nagar Kand -263148	
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			
Jame: Manish Kumaa.	Location: De bradun	Profession: Pf Team. J.O, Dehradus	
Home Phone: 9627394400	Work Phone: 9627394400	Cellular Phone: 9627-394400	
Name: Vipin Pandey	Location:	Profession:	
Home Phone: 9699323113	Work Phone: 9699323113	Cellular Phone: 9699323113	
Name: Manoj Danu	Location: Dehandern	Profession: farmen	
Home Phone: 8394017287	Work Phone: 8394017287	Cellular Phone: 8394017287	
IN CASE OF EMI	ERGENCY PLEASE COM	ITACT	
Name: Deepak Pandey	Relationship: B	other.	
Home Phone: 8449647708	Work Phone: 8449647708	Cellular Phone: 8449647708	
Name: Kamlesh Pandey	Relationship: Mother.		
Home Phone 6005505355	Work Phone	Cellular Phone:	
Preferred Hospital:			
Physician's Name	Specialist Name:	Dentist Name:	
Phone:	Phone:	Phone:	
List all medications that you are takin include the reason of medication:  List allergies to medicine, food or oth physical impairments and assistive d attach documentation is necessary:	llaugane and any m	edical information such as	
II. SIGNATURE AND CONSEN	NT FOR EMERGENCY M	EDICAL TREATMENT	
Employee Signature:		Date Signed: 93/04/2014	