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

I. GENERAL INFORMATION

Employee Name: Pankaj Kumar	Gender: M ☑ F ☐	Date of Birth: 08/07/2002
Current Address: H.N. 3799/20 gali No. 193 Laxman Vihar (122006)	City: Gurugram	State: Haryana
Permanent Address: 12, Khandhawa Post Bisawan distt. Sultanpur (227812)	City: ~~UP~~ Sultanpur	State: UP

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

Name: Ram Tecrath	Relationship: Father
Phone: 9936916757	Address: (Same as permanent address)
Name: Shimala Devi	Relationship: Mother
Phone:	Address:
Name: Praphakar	Relationship: brother
Phone:	Address:
Name: Ruchi	Relationship: Sister
Phone:	Address:
Name: Khushi	Relationship: Sister
Phone:	Address:
Name:	Relationship:
Phone:	Address:
Name:	Relationship
Phone	Address:
Name:	Relationship:
Phone:	Address:

Please provide the details of any of your friends		
Name: Ashok Sharma	Location: Sultanpur	Profession: Job
Home Phone:	Work Phone: 8726679507	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: Ram Tecrath	Relationship: Father	
Home Phone:	Work Phone: 9936416757	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: