

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: Rakshita Gupta		Gender: Female M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:11 SEPT 2002
Current Address: A- 504 sector 47 Noida		City: Noida State: UP	
Permanent Address: A- 504 Sector 47 Noida		City: State:	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: Mr. Gopal Prasad		Relationship: Father	
Phone:9205691284	Address: A- 504 Sector 47 Noida		
Name: Sheela Gupta		Relationship: Mother	
Phone: 9560998328	Address: A- 504 Sector 47 Noida		
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: Anjali Gupta	Location: Noida	Profession: Research Analyst
Home Phone: 9953823532	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: Mr. Gopal Prasad	Relationship: Father	
Home Phone: 9205691284	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: no		
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: no		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature:		Date Signed: 5 th Aug 2025

