

**In Case of Emergency Form**

It is the responsibility of every employee to inform HR Department regarding any changes.

**I. GENERAL INFORMATION**

Employee Name:

BHUPESH KHATANA

Gender:

M ☒ F ☐

Date of Birth:

04/04/2002

Current Address:

312 D Thermal Colony YNR

City:

State:

Yamunanagar Haryana

Permanent Address:

Dubhar Kishanpur, Gangoh SRE

City:

State:

SRE

UP

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

Name:

RAJ Kumar

Relationship:

father

Phone:

8433021478

Address:

Dubhar Kishanpur Distt SRE

Name:

Rawita Dewi

Relationship:

Mother

Phone:

8755062184

Address:

Dubhar Kishanpur Distt SRE

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:	Location:	Profession:
Home Phone:	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:	Relationship:	
Home Phone:	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:

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:

*Blumpe*

Date Signed:

17/8/25