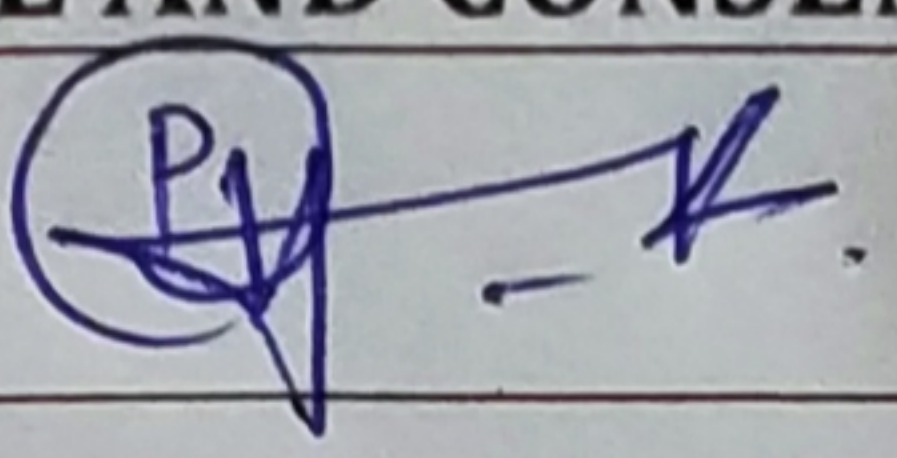


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.
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### I. GENERAL INFORMATION

Employee Name: Pawan Verma	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 9th Jan - 1991
Current Address: Plot no. 26 Shyam Nagar NXA, Near MR 10 Circle Indore - 452010	City: Indore	State: M.P.
Permanent Address: AT Post Bhayawadi, Betul - 460440	City: Betul	State: M.P.
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Naval Verma	Relationship: Father	
Phone: 9754028817	Address: AT Post Bhayawadi, Betul M.P. - 460440	
Name: Pholwati Verma	Relationship: Mother	
Phone: 7804862527	Address: AT Post Bhayawadi, Betul M.P. - 460440	
Name: Nidhika Verma	Relationship: Wife	
Phone: 8718899982	Address: AT Post Bhayawadi, Betul M.P. - 460440	
Name: Roohan	Relationship: Brother	
Phone: 7987572088	Address: AT Post Bhayawadi, Betul M.P. - 460440	
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: Manoj Sonare	Location: Valad	Profession: RF Engineer
Home Phone:	Work Phone:	Cellular Phone: 9753904111
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: Nidhika verma	Relationship: Wife	
Home Phone:	Work Phone:	Cellular Phone: 8718899982
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: 26 Feb - 2023