

Please provide the details of any of your friends

Name: AMIT	Location: UIWAJIA	Profession: RAN ENGI..
Home Phone: 91790 600 62	Work Phone: 9179060062	Cellular Phone: 9179060062
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: TARUN JHA	Relationship: BROTHER
Home Phone: 8770085911	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: 	Date Signed: 14/10/24
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In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: AMAN JHA		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 29/04/1999
Current Address: BANSHIPURA, MORAR		City: GWALIOR State: (M.P.)	
Permanent Address: BANSHIPURA, MORAR		City: GWALIOR State: (M.P.)	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: MR. SURENDRA JHA		Relationship: FATHER	
Phone: 9925703963		Address: BANSHIPURA, MORAR	
Name: MRS. KRISHNA JHA		Relationship: MOTHER	
Phone: 8120531209		Address: BANSHIPURA, MORAR	
Name: Mr. KULDEEP JHA		Relationship: BROTHER	
Phone: 9109039684		Address: BANSHIPURA, MORAR	
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	
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Phone:		Address:	