

[illegible]

Please provide the details of any of your friends		
Name: Himanshu Yadav	Location: Mainpuri	Profession: Engineer
Home Phone: 9027183005	Work Phone:	Cellular Phone:
Name: Shivdayal Tomar	Location: Mumbai	Profession: Engineer
Home Phone: 7000618463	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Shashikant Dureli	Relationship: Cousin Brother	
Home Phone: 9917600786	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: Anuram Dureli		Date Signed: 13-Aug-2025