In Case	of Emergency Form	It is the responsib	oility of every employee to ent regarding any changes.	
I. GENERAL INFORMATION				
	ee Name: ANUPAM DUVEDI	Gender: M ☑ F□	Date of Birth: 11-05-1994	
KSt	Address: A-407, TOWER HITIJ, PATAUDI Rd., Sec	-95 GURUGRAM	City: GURUGR State: HARYANA	
Perman DIS	ST-MAINPURI - 2052	PO-JYONTI, 63	City: State: U.P.	
NI	Please provide your Family	Details (Parents, Sib	lings, Spouse etc.)	
Name:	DIPA DEVI		Relationship: Mother	
Phone:	9456926221	Address: VILL-KIC	naura, P.O. Tyonti ri-U.P205263	
Name:	SHASHIKANT DU	VEDT ,	Relationship:	
Phone:	9917600786	Address: Krishn Mainpwi	a Nagar, Galino-3 -U.P 205001	
Name:			Relationship:	
Phone:		Address:		
Name:			Relationship:	
Phone:		Address:		
Name:			Relationship:	
Phone:		Address:		
Name:			Relationship:	
Phone:		Address:		
Name:		<u> </u>	Relationship	
Phone		Address:		
Name:			Relationship:	
Phone:		Address:		

Please provide the	details of any of your	friends		
Name: Humanshu Yadav	Location: Mainpuri	Profession: Engineer		
Home Phone: 9027183005	Work Phone:	Cellular Phone:		
Name: Shirdayal Toman	Location:	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: Shashikont Duvedi		in 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:	Date Signed: 13-Aug-2025			