In Case of Emergency Form		nsibility of every employee to tment regarding any changes.
I. GEN	NERAL INFORMATIO	N
Employee Name: SANJIV KUMAR	Gender: M ☑ F□	Date of Birth: 15/07/1983
Current Address:		City: State:
Permanent Address: 90, Wille Bhogaon, Dist-mAINP	oge-Pal, Ahiru URI U.J. 20500	City: MAJNPURState: U, P
Name: BHARTI		Relationship: WIFE
Phone: 902768499	Address: 90, bhogaen, Di	village-Pal, Ahirwa H-MAINPURI V.P. 20501
Name: Smt RAMA DEVI	0	Relationship: MoTHER
Phone: 9560725329	Address: &am	ne as abobe
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship
Phone	Address:	
Name:		Relationship:

Please provide	the details of any of <b>y</b>	your friends
Name: SAALLENDRA SING	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 EN	MERGENCY PLEASE CO	ONTACT
Name: RAJ KUMAR	Relationship: BROTHER IN LAW	
Home Phone: 9927217307	Work Phone:	Cellular Phone:
Name:	Relationship:	
Home Phone	Work Phone	Cellular Phone:
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
hone:	Phone:	Phone:
ist all medications that you are taking a relude the reason of medication:	(prescription and ove	er the counter). If necessary
st allergies to medicine, food or other nysical impairments and assistive dev tach documentation is necessary:	allergens, and any me ices, that emergency p	edical information such as personal need to be aware of
II. SIGNATURE AND CONSENT	FOR EMERGENCY MI	EDICAL TREATMENT
nployee Signature:		Date Signed: