

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name:		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 13-10-2001
Current Address: 62, Krishna Nagar, Meerut Road, Ghaziabad-201003		City: Ghaziabad	State: UP
Permanent Address: 62, Krishna Nagar, Meerut Road, Ghaziabad-201003		City: Ghaziabad	State: UP
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: RadheyShyam Verma		Relationship:- Father	
Phone: 9625565749		Address: 62, Krishna Nagar, Meerut Road, Ghaziabad-201003	
Name:- Shashi		Relationship: Mother	
Phone: 9625565749		Address:62, Krishna Nagar, Meerut Road, Ghaziabad-201003	
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	
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:	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 EMERGENCY PLEASE CONTACT		
Name: RadheyShyam Verma	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 9625565749
Name: Shashi	Relationship: Mother	
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: