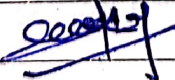


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: <u>Snyamsundar</u>	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <u>07/06/1995</u>
Current Address: <u>Vill-Balapur, Post-chaklulchand</u>	City: <u>Azamgarh</u>	State: <u>U.P</u>
Permanent Address: <u>Vill-Balapur, Post-chaklulchand</u>	City: <u>Azamgarh</u>	State: <u>U.P</u>
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: <u>Taradevi</u>	Relationship: <u>Mother</u>	
Phone: <u>8960675715</u>	Address: <u>Vill-Balapur, Post-chaklulchand dist-Azamgarh U.P</u>	
Name: <u>Chendolka Ram</u>	Relationship: <u>Father</u>	
Phone: <u>8960675715</u>	Address: <u>Vill-Balapur, Post-chaklulchand dist-Azamgarh, U.P</u>	
Name: <u>Lalita kumar</u>	Relationship: <u>Wife</u>	
Phone: <u>8858962887</u>	Address: <u>Vill-Balapur, Post-chaklulchand Dist-Azamgarh, U.P</u>	
Name: <u>Taiyansh</u>	Relationship: <u>Son</u>	
Phone: <u>8858962887</u>	Address: <u>Vill-Balapur, Post-chaklulchand Dist-Azamgarh, U.P</u>	
Name: <u>Dharmendra</u>	Relationship: <u>Brother</u>	
Phone: <u>8960675715</u>	Address: <u>Same</u>	
Name: <u>Maya kumar</u>	Relationship: <u>Sister</u>	
Phone: <u>Same</u>	Address: <u>Same</u>	
Name: <u>Chhaya kumar</u>	Relationship: <u>Sister</u>	
Phone: <u>Same</u>	Address: <u>Same</u>	
Name: <u>Santu Ram</u>	Relationship: <u>Bade papa</u>	
Phone: <u>Same</u>	Address: <u>Same</u>	

Please provide the details of any of your friends		
Name: Dharmendra	Location: Azamgarh	Profession: student
Home Phone: 8960675715	Work Phone: same	Cellular Phone: same
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: Dharmendra	Relationship: Brother	
Home Phone: 8960675715	Work Phone: same	Cellular Phone: same
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: 19 Oct 24	