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 ☑ F □	Date of Birth: 18/04/2001		
Current Address:		City:	State:	
Flat No. 148 D, Type V, Housing Board Complex, Sector - 14		PANCHKULA	HARYANA	
Permanent Address: Flat No. 148 D, Type V, Housing Board Complex, Sector - 14		City: PANCHKULA	State: HARYANA	
Please provide your Family	lings, Spouse e	tc.)		
Name: SEEMA JAIN		Relationship: MOTHER		
Phone: 9417105897	Address: Flat No. 14 Complex, S	8 D, Type V, Hous Sector - 14, Panch	sing Board kula, Haryana	
Name: RASHIKA JAIN		Relationship: SISTER		
Phone: +31 616672090	Address: HERMAN GORTERHOF 80, 2624 XG DELFT, NETHERLANDS			
Name:		Relationship:		
Phone:	Address:			
Name:		Relationship:		
Phone:	Address:			
Name:		Relationship:		
Phone:	Address:			
Name:		Relationship:		
Phone:	Address:			
Name:		Relationship		
Phone	Address:	I		
Name:	1	Relationship:		
Phone:	Address:	1		

Please provide the details of any of your friends				
Name: AYUSH KUMAR	Location: NOIDA	Profession: ENGINEER		
Home Phone:	Work Phone:	Cellular Phone: 8287466129		
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: SEEMA JAIN	Relationship: MOTHER			
Home Phone:	Work Phone:	Cellular Phone: 9417105897		
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: 14/07/2025		