In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION		
Employee Name: **Dinesh Kashyap**	Gender: M ☑ F ☐	Date of Birth: **25-05-2003**
Current Address: **Neeraj Vihar, New Abadi, Bodla, Agra**		City: **Agra** State: **U.P**
Permanent Address: **Neeraj Vihar, New Abadi, Bodla, Agra**		City: **Agra** State: **U.P**

Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: **Shivram Kashyap**	Relationship: **Father**
Phone: **9368632876**	Address: **Neeraj Vihar, New Abadi, Bodla, Agra**
Name: **Kishan kashyap**	Relationship: **Brother**
Phone: **9456020548**	Address: **Hyderabad**
Name: **Pooja kashyap**	Relationship: **Sister**
Phone: **9557277245**	Address: **Rambag, Agra**
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: **Mayank Upraity**	Location: **Noida**	Profession: **Test Engineer**
Home Phone: **7668948766**	Work Phone: **7668948766**	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: **Shivram Kashyap**	Relationship: **Father**	
Home Phone:	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: *Dinesh*	Date Signed: **09-06-2003**