


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Vedant Tripathi	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 02/05/2003
Current Address: 712, Patel Signature type A, Shivmandir road, Ambernath(E)		City: State: Ambernath, Maharashtra
Permanent Address: 15, Gokul Colony, Behind MEHS, Kolsewadi, Kalyan(E)		City: State: Kalyan, Maharashtra
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Sandeep Tripathi		Relationship: Father
Phone: 8052920831	Address: Sandeep tripathi, Vil Parsahar, Po. Pauli, Dhanghata	
Name: Vikas Shukla		Relationship: Uncle
Phone: 9820642218	Address: 712, Patel Signature type A, Shivmandir road, Ambernath(E)	
Name: ATUL SHUKLA		Relationship: UNCLE
Phone: 9167700381	Address: 704, PATEL'S PLANET, NEAR FATHER AGNEL SCHOOL, AMBERNATH(w)	
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: Pratik Avate	Location: Ambernath	Profession: Self Employed
Home Phone:	Work Phone:	Cellular Phone: 7057598624
Name: RAMNATH TATIKONDA	Location: LOWER PAREL	Profession: GET, SEIMENS
Home Phone:	Work Phone:	Cellular Phone: 9137964198
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Vikas Shukla	Relationship: Uncle	
Home Phone:	Work Phone:	Cellular Phone: 9820642218
Name: ARCHANA SHUKLA	Relationship: AUNT	
Home Phone	Work Phone	Cellular Phone: 9167515491
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: NA		
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: NA		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 		Date Signed: 15/01/2025