

In Case of Emergency Form

It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATIONEmployee Name: Harsh Tripathi

Gender:

M ☒F ☐Date of Birth: 01/07/2001Current Address: Daji B. H. U Lanka Varanasi
14th Avenue Gaur city 2City: Varanasi State: U. P.Permanent Address: Daji B. H. U Lanka VaranasiCity: Varanasi State: U. P.**Please provide your Family Details (Parents, Siblings, Spouse etc.)**Name: Kiran TripathiRelationship: MotherPhone: 9936786051Address: Daji B. H. U Lanka Varanasi U.P.

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

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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:	Relationship:	
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 personnel need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: <u>Harsh</u>		Date Signed: 30/04/2025