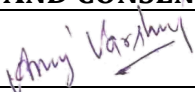


<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>		
Employee Name: Anuj Varshney	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <b>26-08-1988</b>
Current Address: Y-605, Anand Ashray Society, Sector- P3, Greater Noida, U.P., Pin Code- 201310		City: Greater Noida State: U.P.
Permanent Address: 92, BARAHSAINI, SIKANDRARAO, HATHRAS, UTTAR PRADESH, PIN CODE-204215, INDIA		City: Sikandrarao State: U.P.
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Mansi Gupta		Relationship: Wife
Phone: 8218591321	Address: Y-605, Anand Ashray Society, Sector- P3, Greater Noida, U.P., Pin Code- 201310	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
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: Brijesh Prasad	Location: Greater Noida	Profession: Engineer
Home Phone:	Work Phone: 9953163837	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: Mansi Gupta	Relationship: Wife	
Home Phone:	Work Phone:	Cellular Phone: 8218591321
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: 22-11-2024