

In Case of Emergency Form

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

I. GENERAL INFORMATION

Employee Name: Nishtha Pal

Gender:

M ☐F ☒

Date of Birth:

25-10-1999

Current Address: A1-903a, SCC Heights, Raj Nagar Extension, Ghaziabad, Uttar Pradesh

City:

State:

Ghaziabad

Uttar Pradesh

Permanent Address: A1-903a, SCC Heights, Raj Nagar, Extension, Ghaziabad, Uttar Pradesh

City:

State:

Ghaziabad

Uttar Pradesh

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

Name: Brahmpal Singh

Relationship: Father

Phone: 9810660573

Address: A1-903a, SCC Heights, Raj Nagar Extension, GZB.

Name: Brijesh

Relationship: Mother

Phone: 9910691251

Address: A1-903a, SCC Heights, Raj Nagar Extension, GZB.

Name: Deepanshi

Relationship: Sister

Phone: 7011568704

Address: A1-903a, SCC Heights, Raj Nagar Extension, GZB.

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: Deepanita Maity	Location: New Delhi	Profession: HR Recruiter
Home Phone: 8882788011	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: Brahmpal Singh	Relationship: father	
Home Phone: 9810660573	Work Phone: -	Cellular Phone: -
Name: Yash Pal	Relationship: Brother	
Home Phone 9560187155	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:

Nishtha

Date Signed: **14-May-2024**