

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.
I. GENERAL INFORMATION		
Employee Name: Aditya Anand	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 19/Dec/2000
Current Address: Shree Shyam Pk, Gali No. 3, Mumukha, Sec-66, Noida, UP		City: Noida State: UP
Permanent Address: M2-98, Baghmana, Dhanbad, Jharkhand		City: Dhanbad State: Jharkhand
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Indrajeet Singh		Relationship: Father
Phone: 9835568180	Address: M2-98, Baghmana, Dhanbad, Jharkhand	
Name: Baijanti Singh		Relationship: Mother
Phone: 87973 35846	Address: M2-98, Baghmana, Dhanbad, Jharkhand	
Name: Deepshikha		Relationship: Sister
Phone: 7991137974	Address: Sitanam, Apartment, Harmu, Ground, Ranchi, Jharkhand	
Name: Rekha Singh		Relationship: Aunt
Phone: 98684 45871	Address: Uttam Nagar East, Delhi	
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: Anant	Location: Noida	Profession: Test Eng.
Home Phone: 88789 07008	Work Phone: 8878907008	Cellular Phone:
Name: Himansh Bhasu	Location: Noida Sec - 22	Profession:
Home Phone: 9905 941728	Work Phone:	Cellular Phone: 70500 - 47159
Name: Abhishek Anand	Location: Bhagatpur	Profession:
Home Phone: 82353 25187	Work Phone:	Cellular Phone: 82353 - 25187
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Indrajit Singh	Relationship: Father	
Home Phone: 9835568180	Work Phone:	Cellular Phone: 98355681 -80
Name: Deep Shikha	Relationship: Sister	
Home Phone 7991137974	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: Aditya Anand		Date Signed: 17/03/2025