

Please provide the details of any of your friends

Name: TARUN RAJPUT	Location: Tikoriya mora gwalior	Profession: Software developer
Home Phone: 8871747013	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: PRATIKSHA RAJE	Relationship: SISTER	
Home Phone: 9302632699	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 personal need to be aware of, attach documentation is necessary:

II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

Employee Signature: Ashish	Date Signed: 21/06/25
-----------------------------------	------------------------------

In Case of Emergency Form

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

I. GENERAL INFORMATIONEmployee Name: **ASHISH RAJE**

Gender:

M ☒ F ☐

Date of Birth:

19/11/2003Current Address: **TIKONIYA MORAR**City: **GWALIOR** State: **(M.P)**Permanent Address: **TIKONIYA MORAR**City: **GWALIOR** State: **(M.P)****Please provide your Family Details (Parents, Siblings, Spouse etc.)**Name: **Mr. TULSIRAM RAJE**Relationship: **FATHER**Phone: **9238221576**Address: **NEW BASTI TIKONIYA MORAR GWALIOR**Name: **Sandhya raje**Relationship: **SISTER**Phone: **7987409927**Address: **New Swresh nagar Thasipur gwalior**Name: **Pratiksha Raje**Relationship: **SISTER**Phone: **9302632699**Address: **NEW BASTI TIKONIYA MORAR GWALIOR**Name: **TARUN RAJPUT**Relationship: **Friend**Phone: **8871747013**Address: **new basti tikoniya morar gwalior**

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

Address: