In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.		
I. GENERAL INFORMATION			
Employee Name: Lalit Mohan Phulara	Gender: M ☑ F□	Date of Birth: 07/04/1997	
Current Address: MOHINIENCLAVE, BERIPARAO, DURGAPALPURPARMA, Haldwani, PO: Haldwani, DIST: Nainital.		City: Lalkuan State: UK	
Permanent Address:		City: Lalkuan State: UK	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: Mr. Dinesh Chandra Phulara		Relationship: Father	
Phone: 9419418101	Address: MOHINIENCL DURGAPALPURPARMA, Nainital.	AVE, BERIPARAO, Haldwani, PO: Haldwani, DIST:	
Name: Mrs. Neema Devi		Relationship: Mother	
Phone: 9456296976	Address: MOHINIENCL DURGAPALPURPARMA, Nainital.	AVE, BERIPARAO, Haldwani, PO: Haldwani, DIST:	
Name: Mr. Chandra Mohan Phulara		Relationship: Brother	
Phone: 6398256200	Address: MOHINIENCL DURGAPALPURPARMA, Nainital.	AVE, BERIPARAO, Haldwani, PO: Haldwani, DIST:	
Name:		Relationship:	
Phone:	Address:		
Name:	,	Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship	
Phone	Address:	1	
Name:	1	Relationship:	
Phone:	Address:	•	

Please provide the details of any of your friends			
Name: Mayank Kumar	Location: Delhi	Profession: Test Engineer	
Home Phone:	Work Phone:	Cellular Phone: 8968665451	
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: Priyanka Kandpal	Relationship: Sister		
Home Phone:	Work Phone:	Cellular Phone: 7906498412	
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: 01-06-2023	