

In Case of Emergency Form

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

I. GENERAL INFORMATION

Employee Name: ANKIT SRIVASTAVA	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 21-03-2001
Current Address: JIRATMATAN, NARAYAN DAS KA PURA BANDHAWA, JHUNSI, PRAYAGRAJ	City: PRAYAGRAJ State: UP	
Permanent Address: JIRATMATAN, NARAYAN DAS KA PURA BANDHAWA, JHUNSI, PRAYAGRAJ	City: PRAYAGRAJ State: UP	
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: AJAY KUMAR SRIVASTAVA	Relationship: FATHER	
Phone: 9936345505	Address: JIRATMATAN, NARAYAN DAS KA PURA JHUNSI, PRAYAGRAJ	
Name: SANHEETA SANHEETA SRIVASTAVA	Relationship: MOTHER	
Phone: 8005318731	Address: JIRATMATAN, NARAYAN DAS KA PURA, JHUNSI, PRAYAGRAJ	
Name: HARSHAL SRIVASTAVA	Relationship: BROTHER	
Phone: 8604345505	Address: JIRATMATAN, NARAYAN DAS KA PURA, JHUNSI, PRAYAGRAJ	
Name: MAYANK SRIVASTAVA	Relationship: BROTHER-IN -LAW	
Phone: 9956257785	Address: SKA METRO VILLE SOCIETY SECTOR ETA-2, GREATER NOIDA	
Name: RATUL SRIVASTAVA	Relationship: SISTER	
Phone: 8052588880	Address: SKA METRO VILLE SOCIETY SECTOR ETA-2, GREATER NOIDA.	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: NEHAL KUMAR	Location: BANGLORE	Profession: ENGINEER
Home Phone: 9576735829	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: AJAY KUMAR SRIVASTAVA	Relationship: FATHER	
Home Phone: 9936345505	Work Phone:	Cellular Phone: 8005318732
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: Ankit Srivastava		Date Signed: 12-05-2025