

Please provide the details of any of your friends

Name: MANJEET SHARMA	Location: CHARHI DADRI, HARYANA	Profession: STUDENT
Home Phone:	Work Phone:	Cellular Phone: 95887 72732
Name: VIKASH DHILLON	Location: NOIDA	Profession: TESTING ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 7988808385
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT

Name: JYOTI	Relationship: SISTER	
Home Phone:	Work Phone:	Cellular Phone: 9347090296
Name: MANJEET SHARMA	Relationship: FRIEND	
Home Phone	Work Phone	Cellular Phone: 95887 72732

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: **None**

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: **None**

II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

Employee Signature: <i>Sachin</i>	Date Signed: 17/11/2025
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