

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Vipendra Singh Patel	Gender: Male M F	Date of Birth: 10 July 1994
Current Address: Near Union Bank of India, in MIDC Industrial Area, Sector 1, Navi Mumbai, 400710		City: Navi Mumbai State: Maharashtra
Permanent Address: 30, Ward No. 02, Near I.T.I., Harnampur, Maihar, Satna, Madhya Pradesh, 485771		City: Maihar State: Madhya Pradesh
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Smt. Sonam Singh		Relationship: Spouse
Phone: 7828043790	Address: 30, Ward No. 02, Near I.T.I., Harnampur, Maihar, Satna, Madhya Pradesh, 485771	
Name: Shri Indrajeet Singh Patel		Relationship: Father
Phone: 8871230801	Address: 30, Ward No. 02, Near I.T.I., Harnampur, Maihar, Satna, Madhya Pradesh, 485771	
Name: Smt. Sunita Singh Patel		Relationship: Mother
Phone: 7509644184	Address: 30, Ward No. 02, Near I.T.I., Harnampur, Maihar, Satna, Madhya Pradesh, 485771	
Name: Pushpa Singh Patel		Relationship: Sister
Phone: 6260014138	Address: 30, Ward No. 02, Near I.T.I., Harnampur, Maihar, Satna, Madhya Pradesh, 485771	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship

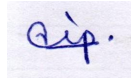
Phone	Address:	
Name:		Relationship:
Phone:	Address:	

Please provide the details of any of your friends		
Name: Yogendra Sharma	Location: Gurugram	Profession: Test Engg.
Home Phone:	Work Phone:	Cellular Phone: 9785410420
Name: Gopal Sarashwat	Location: Gurugram	Profession: Test Engg.
Home Phone:	Work Phone:	Cellular Phone: 7017769570
Name: Sitesh Soni	Location: Noida	Profession: Test Engg.
Home Phone:	Work Phone:	Cellular Phone: 8770359720
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Indrajeet Singh Patel	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 8871230801
Name: Smt. Sunita Singh Patel	Relationship: Mother	
Home Phone	Work Phone	Cellular Phone: 7509644184
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:



Date Signed: 26 AUG 24