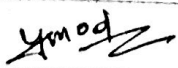


In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: PRAMOD KUMAR YADAV		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth:
Current Address: VEJALPUR, AHMEDABAD (GUJARAT) 380051		City: AHMEDABAD	State: GUJARAT
Permanent Address: Vill+POST-POKHARA, P.S-MAHARAJGANS ANG DIST-SIWAN (BIHAR) 841238		City:	State:
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: GANESH YADAV		Relationship: FATHER	
Phone: 7309376913	Address: Vill+POST-POKHARA, P.S-MAHARAJGANS DIST-SIWAN (BIHAR) 841238		
Name: RAHUL KUMAR YADAV		Relationship: BROTHER	
Phone: 7509321013	Address: A-13 ASHIMA ANUPAMA CITY BHOPAL (M.P) 462001		
Name: JOHNY KUMAR GUPTA		Relationship: FRIEND	
Phone: 9872088669	Address: LAKHNA, GAURICHAK PATNA BIHAR (804453)		
Name:		Relationship:	
Phone:	Address:		
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: ABHISHEK MISHRA	Location: AHMEDABAD	Profession: Telecom Engg.
Home Phone:	Work Phone:	Cellular Phone:
Name: SUNIL KUMAR YADAV	Location: MEHSANA	Profession: Telecom Engg.
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: RAHUL KUMAR YADAV	Relationship: BROTHER	
Home Phone:	Work Phone:	Cellular Phone: 7509321013
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: 21/05/2023