

**In Case of Emergency Form**

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

**I. GENERAL INFORMATION**

Employee Name: VINAY KUMAR PATEL	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 10 Aug. 1990
Current Address: D.R Residency, Room no. 54, Rosul Pur, Near Fortis Hospital	City: Noida State: U.P.	
Permanent Address: Vill- Sisirada Tola, P.O- Sisirada, P.S- Nokha, Dist- Raibates Pm- 802217	City: Sasaram State: Bihar	

**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: Alok Kumar Patel.	Relationship: Elder Brother
Phone: 7667300697	Address: Vill- Sisirada Tola, P.O- Sisirada, P.S- Nokha, Dist- Raibates
Name: Sandeep Kumar Patel.	Relationship: Nephew
Phone: 7004379623	Address: Vill- Sisirada Tola, P.O- Sisirada, P.S- Nokha, Dist- Raibates
Name: Madhu Kumari	Relationship: Wife
Phone: 8084526289	Address: Vill- Sisirada Tola, P.O- Sisirada, P.S- Nokha, Dist- Raibates.
Name: Alok Kumar Yadav	Relationship: Friend
Phone: 4397822098	Address: Mahilal Nagar, Goregaon (W) Near Jyesh maidan, Mumbai
Name: Anand Tiwari	Relationship: Friend
Phone: 9004396093	Address: Malasopara, Mum. Maharashtra
Name: Prashant Kumar	Relationship: Nephew
Phone: 6207550253	Address: Mahadeva, ARA, Bihar
Name: Prince Kumar	Relationship: Nephew
Phone: 9978850700	Address: Vill- Sisirada Tola, P.O- Sisirada, P.S- Nokha, Dist- Raibates
Name:	Relationship:
Phone:	Address:

**Please provide the details of any of your friends**

Name: Alok Kumar Yadav	Location: Mumbai	Profession: Job
Home Phone:	Work Phone: 7397822098	Cellular Phone: 7397822098
Name: Anand Tiwari	Location: Mumbai	Profession: Job
Home Phone:	Work Phone: 9004396033	Cellular Phone: 8004396033
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

**IN CASE OF EMERGENCY PLEASE CONTACT**

Name: Alok Kumar Yadav	Relationship: Friend	
Home Phone:	Work Phone: 7397822098	Cellular Phone: 7397822098
Name: Abhishek Pandey	Relationship: Friend	
Home Phone	Work Phone 7418806612	Cellular Phone: 7418806612

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: <u>Opadl.</u>	Date Signed: 12-10-22
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