

<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.
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**I. GENERAL INFORMATION**

Employee Name: <b>KAPIL NARWANI</b>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <b>04/06/2002</b>
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Current Address: <b>Wazidpur, Kasaulpur, Sector 63 Noida, Uttar Pradesh</b>	City: <b>Noida</b> State: <b>UP</b>
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Permanent Address: <b>G-2143awas Vikas No.1 Kalyanpur Koppur</b>	City: <b>Kanpur</b> State: <b>UP</b>
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**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: <b>Jay Shree Narwani</b>	Relationship: <b>mother</b>
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Phone: <b>8896506036</b>	Address: <b>G-2143awas Vikas No.1 Kalyanpur Koppur</b>
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Name: <b>Lokesh Narwani</b>	Relationship: <b>maternal uncle</b>
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Phone: <b>8303394706</b>	Address: <b>G-2143awas Vikas No.1 Kalyanpur Koppur</b>
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Name: <b>Dilip Bhagtani</b>	Relationship: <b>Brother</b>
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Phone: <b>8884337700</b>	Address: <b>439, Paschimpur, Sikondra Agra.</b>
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Please provide the details of any of your friends		
Name: Kunal	Location: KANPUR	Profession: Student
Home Phone: 9696452609	Work Phone:	Cellular Phone:
Name: Alok Trivedi	Location: Noida	Profession: Software eng.
Home Phone: 0918941296	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Jag Shree Narwan	Relationship: Mother	
Home Phone: 2096506036	Work Phone:	Cellular Phone:
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: Kapil	Date Signed: 07/04/25	