

In Case of Emergency Form

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

I. GENERAL INFORMATIONEmployee Name: PRARIT VISHNOI Gender: M F Date of Birth: 10/03/99

Current Address: City: State:

Permanent Address: Chau ki basti Near Taron Wali Zarat Line paan Moradabad City: Moradabad State: U.P -ad

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

Name: AMRISH KUMAR VISHNOI Relationship: Father

Phone: 9456236112 Address: Chau ki basti Near Taron Wali Zarat Line paan Moradabad

Name: ARCHANA VISHNOI Relationship: Mother

Phone: 9457685625 Address: Chau ki basti Near Taron Wali Zarat Line paan Moradabad

Name: ANKIT VISHNOI Relationship: Elder Brother

Phone: 7906450569 Address: Chau ki basti Near Taron Wali Zarat Line paan Moradabad

Name: NEHA VISHNOI Relationship: Elder Sister

Phone: 8006213397 Address: Chau ki basti Near Taron Wali Zarat Line paan Moradabad

Name: AKANSHA VISHNOI Relationship: Elder Brother's wife

Phone: 9634906220 Address: Chau ki basti Near Taron Wali Zarat Line paan Moradabad

Name: Relationship:

Phone: Address:

Name: Relationship

Phone Address:

Name: Relationship:

Phone Address:

Please provide the details of any of your friends

Name: YASH KUMAR GUPTA	Location: Moradabad	Profession: Medical Representative
Home Phone:	Work Phone:	Cellular Phone: 8439115408
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT

Name:	Relationship:	
Home Phone:	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:	Date Signed:
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