

Please provide the details of any of your friends		
Name: Sachin	Location: Mainpuri	Profession: Self employed
Home Phone: 8126353245	Work Phone:	Cellular Phone: 7017880442
Name: ASIF ALI	Location: Mainpuri	Profession: Self employed
Home Phone: 8218452289	Work Phone:	Cellular Phone:
Name: Manu	Location: Delhi	Profession: Self Employed
Home Phone: 8273719330	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: RAVI PRATAP SINGH	Relationship: Father	
Home Phone: 8218648679	Work Phone:	Cellular Phone: 9837350840
Name: Sachin Bhadhariya	Relationship: Brother	
Home Phone: 8126353245	Work Phone:	Cellular Phone: 7017880442
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: <i>V. Bhatnagar</i>	Date Signed: 15/9/2020	