

<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>		
Employee Name: Ayush Gupta	Gender: M M            F	Date of Birth: 02\05\1997
Current Address: Hazipur, Noida sector 104, Uttar Pradesh	City: Noida    State: U.P.	
Permanent Address: Ward n0.10, Wazirganj, Budaun	City: Wazirganj State: U.P.	
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Suresh gupta	Relationship: Father	
Phone: 8445125778	Address: Ward n0.10, Wazirganj, Budaun	
Name: Hemlata Gupta	Relationship: Mother	
Phone: 9058398593	Address: Ward n0.10, Wazirganj, Budaun	
Name: Akshay kumar	Relationship: Brother	
Phone: 9690411174	Address: Ward n0.10, Wazirganj, Budaun	
Name: Akash deep gupta	Relationship: Brother	
Phone: 9690411146	Address: Ward n0.10, Wazirganj, Budaun	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
<b>Please provide the details of any of your friends</b>		
Name: Nikhil Varshney	Location: Wazirganj	Profession: Graduate
Home Phone: 9627033975	Work Phone:	Cellular Phone:
Name: Deep Singh	Location: Noida	Profession: Graduate
Home Phone: 7310861101	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
<b>IN CASE OF EMERGENCY PLEASE CONTACT</b>		
Name: Vaibhav Sungh	Relationship: Friend	
Home Phone: 9627760318	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:		
<b>II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT</b>		