In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name: TUSHAR SHARMA	Gender: M ☑ F ☐	Date of Birth: 17/09/2003
Current Address: Noida Sector. 62 Near Mithass (Noida) UP		City: Noida State: UP
Permanent Address: Haldaur Dist Bijnor 246766		City: Bijnor State: U.P

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

Name: ARUN KUMAR SHARMA		Relationship: FATHER
Phone: 9005050652	Address: Haldaur, Dist. Bijnor, (264726)	
Name: SARVESH SHARMA		Relationship: MOTHER
Phone: 9627426446	Address: Haldaur, Dist, Bijnor (246726)	
Name: HRITIK KUMAR		Relationship: Brother
Phone: 7302931121	Address: Haldaur, Dist. Bijnor (246726)	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship
Phone	Address:	
Name:		Relationship:
Phone:	Address:	

Please provide the details of any of your friends		
Name: LAKSHAY GUPTA	Location: Noida	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 8859059843
Name: SAKSHI YADAV	Location: Bijnor	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 8445986740
Name: RITIK GALIYAN	Location: Bijnor	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 8279860913

IN CASE OF EMERGENCY PLEASE CONTACT		
Name: LAKSAY GUPTA	Relationship: BROTHER	
Home Phone:	Work Phone:	Cellular Phone: 8859059843
Name: HRITIK KUMAR	Relationship: BROTHER	
Home Phone	Work Phone	Cellular Phone: 7302931121
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: Tushar	Date Signed: 17/11/2025