

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

I. GENERAL INFORMATION

Employee Name: <i>Avanish Kumar</i>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <i>20/07/2005</i>
Current Address: <i>Villa</i>	City:	State:
Permanent Address:	City:	State:

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

Name: <i>Ajay</i>	Relationship: <i>Brother</i>
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Phone: <i>7302815389</i>	Address: <i>Village - Agaudha, Faruha, Po: Faruha, Dist: Firozabad</i>
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Name: <i>Vinay Kumar</i>	Relationship: <i>Brother</i>
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Phone: <i>7818021592</i>	Address: <i>Village - Agaudha, Faruha, Po: Faruha, Dist: Firozabad</i>
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Name:	Relationship:
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Phone:	Address:
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Phone:	Address:
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Please provide the details of any of your friends

Name: Pran Kishore	Location: Fauha	Profession: Pvt Job
Home Phone: 7536055787	Work Phone: 7536055787	Cellular Phone: 7536055787
Name: Vishal Kumar	Location: Fauha	Profession:
Home Phone: 6398850325	Work Phone: 6398830325	Cellular Phone: 6398830325
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: Pran Kishore	Date Signed: 05/02/26
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