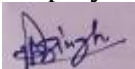


<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>		
Employee Name:	Gender: M: <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 09-Aur-1989
Current Address: Paradise Dream City-2, Amka, Dadri		City: Noida State: U.P
Permanent Address: Vill.-Koodi, PO-Sarui, Teounther, Rewa(M.P)		City: Rewa State: M.P
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Mr. Surendra Bahadur Singh		Relationship: Father
Phone: 9129596913	Address: Rewa	
Name: Mrs. Usha Singh		Relationship: Mother
Phone:	Address: Rewa	
Name: Mrs. Vinay Singh		Relationship: wife
Phone: 9109511872	Address: Noida	
Name: Avinav Pratap Singh		Relationship: Son
Phone:	Address:	
Name: Gyanendra Pratap Singh		Relationship: Brother
Phone:	Address: Rewa	
Name: Dharendra Pratap Singh		Relationship: Brother
Phone:	Address: Rewa	
Name:		Relationship
Phone	Address:	
Name:		Relationship:
Phone:	Address:	

<b>Please provide the details of any of your friends</b>		
Name: Onkar Gupta	Location: Noida	Profession: Job
Home Phone:	Work Phone: 7000209754	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
<b>IN CASE OF EMERGENCY PLEASE CONTACT</b>		
Name: Vinay Singh	Relationship: Wife	
Home Phone:	Work Phone: 9109511872	Cellular Phone:
Name: Onkar Gupta	Relationship: Friend	
Home Phone	Work Phone: 7000209754	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>		
Employee Signature: Aniruddh Pratap Singh 		Date Signed: 25/09/2025