

Please provide the details of any of your friends		
Name: AMAN	Location: HYDERABAD	Profession: TEST ENGINEER
Home Phone: 9827074651	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: KULDEEP JHA	Relationship: BROTHER	
Home Phone: 9109039684	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: <u>Bhuvan Jha</u>		Date Signed: 12/02/25

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

Employee Name: BHUWAN JHA	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 30/08/2003
Current Address: GOL PAHADIYA SHANKAR COLONY LASHKAR GWALIOR MADHYA PRADESH		City: GWALIOR State: MADHYA PRADESH
Permanent Address:		City: GWALIOR State: MADHYA PRADESH

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

Name: Mr. MOHAN JHA	Relationship: FATHER	
Phone: 9926223841	Address: LASHKAR, GWALIOR, MP	
Name: Mrs. VANDANA JHA	Relationship: MOTHER	
Phone: 8103514694	Address: LASHKAR, GWALIOR, MP	
Name: ABHAY JHA	Relationship: BROTHER	
Phone: 6269793841	Address: LASHKAR, GWALIOR, MP.	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	