

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: SOMYA SINHA		Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Date of Birth: 03-12-1996
Current Address: B-31, Fourth Floor, Mohan Garden, Uttam Nagar, New Delhi		City: DELHI	State: NEW DELHI
Permanent Address: Same as current		City: DELHI	State: NEW DELHI
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: Sangita Sinha		Relationship: Mother	
Phone: 9771787006	Address: B-31, 4th Floor, Mohan Garden Uttam Nagar, New Delhi.		
Name: Shefali Shreya		Relationship: Sister	
Phone: 9643585846	Address: B-31, 4th Floor, Mohan Garden Uttam Nagar, New Delhi.		
Name: Mayank Sinha		Relationship: Brother	
Phone: 9310012340	Address: B-31, 4th Floor Mohan Garden Uttam Nagar New Delhi.		
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	

Somya Sinha

Please provide the details of any of your friends

Name:	Location:	Profession:
Home Phone:	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: <i>Sangita Sinha</i>	Relationship: <i>Mother</i>	
Home Phone: <i>9771787006</i>	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: <i>Somya Sinha</i>	Date Signed: <i>20-4-2024</i>
--	-------------------------------