

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: Manav Chaudhary	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 27/05/2005
Current Address: M-42, Sector 66, Noida	City: Noida	State: U.P.
Permanent Address: 37D/JRB/153/32, Jai ram Bagh, Dayalbagh, Agra	City: Agra	State: U.P.
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Khajan Singh	Relationship: Father	
Phone: 9634153901	Address: 37D/JRB/153/32, Jai ram Bagh	
Name: Krishna Devi	Relationship: Mother	
Phone: 9458209041	Address: 37D/JRB/153/32, Jai ram Bagh	
Name: Manvi Chaudhary	Relationship: Sister	
Phone: 9634506012	Address: 37D/JRB/153/32, Jai ram Bagh	
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:	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>Khajan Singh</i>	Relationship: <i>father</i>	
Home Phone:	Work Phone:	Cellular Phone: <i>9557509041</i>
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:

None

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:

None

II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

Employee Signature: <i>Manoj</i>	Date Signed: <i>02-02-2025</i>
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