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

I. GENERAL INFORMATION

Employee Name: Swapnesh	Gender: M ☑ F ☐	Date of Birth: 01/04/1999
Current Address: B-3-3/1:3 Sector-3, Vashi, Navi Mumbai (400703)	City: Navi Mumbai	State: Maharashtra
Permanent Address: SH-16/57 D-7 N-2 Kadipur, Shivpur, Varanasi (221003)	City: Varanasi	State: Uttar Pradesh

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

Name: Ram Nihal Singh	Relationship: Father
Phone: 9559596599	Address: SH-16/57 D-7 N-2 Kadipur, Shivpur, Varanasi
Name: Anuradha Devi	Relationship: Mother
Phone: 7376049550	Address: SH-16/57 D-7 N-2 Kadipur, Shivpur, Varanasi
Name: Swapnil Singh	Relationship: Sibling
Phone: 7024604400	Address: SH-16/57 D-7 N-2 Kadipur, Shivpur Varanasi
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: Vijay Narayan	Relationship: Maternal Uncle	
Home Phone: 74004 89153	Work Phone: 99335 96925	Cellular Phone: —
Name: Ram Nihal Singh	Relationship: Father	
Home Phone 73553 91224	Work Phone 9559596508	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: Swapnesh	Date Signed: 07/05/2024