

In Case of Emergency Form

It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATIONEmployee Name: KRISHNA
KAUSHIKGender:
M F

Date of Birth: 24-01-2003

Current Address: M-42, Sector 66

City: NOIDA State: UP

Permanent Address: SHIVA KHAD BHANOAR,
SHAMASABAD ROAD, FATEHABAD, AGRA (UP)

City: AGRA State: UP

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

Name: SUBHASH KAUSHIK

Relationship: FATHER

Phone: 9719022833

Address: FATEHABAD, AGRA (UP)

Name: MALTI KAUSHIK

Relationship: MOTHER

Phone: 9719022833

Address: FATEHABAD, AGRA (UP)

Name: VINEET KUMAR

Relationship: BROTHER

Phone: 8929775778

Address: FATEHABAD, AGRA (UP)

Name: GOVIND KAUSHIK

Relationship: BROTHER

Phone: 97194422677

Address: FATEHABAD, AGRA (UP)

Name: PRATIKSHA KAUSHIK

Relationship: Sibling
(Sister)

Phone: 8923314559

Address: FATEHABAD (AGRA)

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

Address:

Please provide the details of any of your friends

Name: MANAV CHAUDHARY	Location: NOIDA	Profession: Software Engineer
Home Phone:	Work Phone:	Cellular Phone: 9557509041
Name: CHANDRESH MAHAR	Location: NOIDA	Profession: Test Engineer
Home Phone:	Work Phone:	Cellular Phone: 7017858599
Name: HARSH PRATAP	Location: NOIDA	Profession: Test Engineer
Home Phone:	Work Phone:	Cellular Phone: 9458682264

IN CASE OF EMERGENCY PLEASE CONTACT

Name: GOVIND KAUSHIK	Relationship: BROTHER	
Home Phone:	Work Phone:	Cellular Phone: 9719442267
Name: SUBHASH KAUSHIK	Relationship: FATHER	
Home Phone	Work Phone	Cellular Phone: 9719022833

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:

Prishna

Date Signed: 02-02-2026