

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: YASH TRIPATHI	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 25/02/2002
Current Address:	City:	State:
Permanent Address: H.No-C-20, SECTOR-C-1, SHASTRIPURAM	City: AGRA	State: (U.P)
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: AMBRISH KUMAR	Relationship: FATHER	
Phone: 8979047321	Address: H.No-C-20, SECTOR-C-1 SHASTRIPURAM, AGRA (U.P)	
Name: KAVITA TRIPATHI	Relationship: MOTHER	
Phone: 8630024249	Address: H.No-C-20, SECTOR-C-1 SHASTRIPURAM, AGRA (U.P)	
Name: S.K. TRIPATHI	Relationship: UNCLE	
Phone: 9759003809	Address: HARISH NAGAR, SIKANDRA, AGRA, (U.P)	
Name: HARI SHANKER	Relationship: GRANDFATHER	
Phone: 8859216473	Address: KHEDA MUHAL, BYE PASS ROAD, LAKHANA, DIST-ETAWAH (U.P)	
Name: PRAFUL TIWARI	Relationship: UNCLE	
Phone: 8938891128	Address: KHEDA MUHAL, BYE PASS ROAD, LAKHANA, DIST-ETAWAH (U.P)	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: PREM PAL SINGH	Location: AGRA	Profession: STUDENT
Home Phone: 7906487043	Work Phone: —	Cellular Phone: —
Name: ABHISHEK VERMA	Location: AGRA	Profession: STUDENT.
Home Phone: 8475815250	Work Phone:	Cellular Phone:
Name: NEETESH KUMAR	Location: AGRA	Profession: STUDENT
Home Phone: 8218272070	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: AMBRISH KUMAR	Relationship: FATHER	
Home Phone: 8979047321	Work Phone: 8979047321	Cellular Phone: 8979047321
Name: KAVITA TRIPATHI	Relationship: MOTHER	
Home Phone 8630024249	Work Phone 8630024249	Cellular Phone: 8630024249
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>Yash</u>	Date Signed: 24/02/2023	