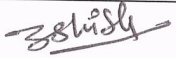


Please provide the details of any of your friends		
Name: SHIVKESH YADAV	Location: DELHI	Profession: EXECUTIVE
Home Phone: 8739009394	Work Phone:	Cellular Phone: 8739009394
Name: JONY GUPTA	Location: DELHI	Profession: MANAGER
Home Phone:	Work Phone:	Cellular Phone: 9872088669
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: MANISH	Relationship: BROTHER	
Home Phone:	Work Phone:	Cellular Phone: 6392001607
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: 	Date Signed: 21/06/2024	