

**In Case of Emergency Form**

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

**I. GENERAL INFORMATION**Employee Name: *Aashi Sirohi* Gender: M  F  Date of Birth: *25/5/1999*Current Address: *HCL Towers, B Block, Sector-62  
Noida 201309* City: *Noida* State: *U.P*Permanent Address: *Railway station road, Krishna  
dham colony, Mill Bilau 244411* City: *Bilau* State: *U.P***Please provide your Family Details (Parents, Siblings, Spouse etc.)**Name: *Randheer Singh* Relationship: *Father*Phone: *9415974803  
9415025* Address: *Railway station road, Krishna  
dham colony Bilau (MBD)*Name: *Madhu* Relationship: *Mother*Phone: *9410025998* Address: *Railway station road, Krishna  
dham colony Bilau (MBD)*Name: *Suhani Singh* Relationship: *Sister*Phone: Address: *Railway station road, Krishna  
dham colony Bilau (MBD)*Name: *Buakheer Singh* Relationship: *Brother*Phone: Address: *Railway station road, Krishna dham  
colony, Bilau (MBD)*

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: <i>Mausumi</i>	Location: <i>Noida</i>	Profession: <i>HR Recruiter</i>
Home Phone:	Work Phone:	Cellular Phone: <i>7667462316</i>
Name: <i>Arant La Shee</i>	Location: <i>Noida</i>	Profession: <i>Software developer</i>
Home Phone:	Work Phone:	Cellular Phone: <i>8077116146</i>
Name: <i>Shagun Vashishth</i>	Location: <i>Noida</i>	Profession: <i>Software developer</i>
Home Phone:	Work Phone:	Cellular Phone: <i>999692053</i>

**IN CASE OF EMERGENCY PLEASE CONTACT**

Name: <i>Rajendra Mittal</i>	Relationship: <i>Uncle</i>	
Home Phone:	Work Phone:	Cellular Phone: <i>9560992852</i>
Name: <i>Urvashi</i>	Relationship: <i>Auntie</i>	
Home Phone	Work Phone	Cellular Phone: <i>9131393410</i>

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: <i>Aashi Sinha</i>	Date Signed: <i>18/11/22</i>
--	------------------------------