

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

Employee Name: Rishikedia	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 15/05/2003
Current Address: 105/5, Doublestorey, Govindpuri, Modinagar, Ghaziabad	City: Ghaziabad State: U.P	
Permanent Address: 105/5 Double Storey, Govindpuri, Modinagar, Ghaziabad	City: Ghaziabad State: U.P	
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Sanjaykedia	Relationship: Father	
Phone: 9720108391	Address: 105/5 Double Storey, Govindpuri, Modinagar, Ghaziabad.	
Name: Renukedia	Relationship: Mother	
Phone: 9756904478	Address: 105/5 Double Storey, Govindpuri, Modinagar, Ghaziabad	
Name: Amankedia	Relationship: Brother	
Phone: 7017236790	Address: 105/5, Double Storey, Govindpuri, Modinagar, Ghaziabad,	
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: Rohit Khatri	Location:	Profession: Service
Home Phone: 8750501648	Work Phone:	Cellular Phone:
Name: Kalash Gaur	Location:	Profession: Service
Home Phone: 8449100372	Work Phone:	Cellular Phone:
Name: Harsh Aggarwal	Location:	Profession: Service
Home Phone: 6898 352790	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Sanjay Kedia	Relationship: Father	
Home Phone: 9720108391	Work Phone:	Cellular Phone:
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: <i>Rohit</i>		Date Signed: 24/feb/2026