

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Harsh Asthana	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 10/03/2001
Current Address: C-142, 2 nd Floor, Sector-15		City: Noida State: U.P.
Permanent Address: House no. 179, Opposite Old Power House, Rahul Nagar, Madya		City: Azamgarh State: U.P.
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Rajesh Kumar Asthana		Relationship: Father
Phone: 7905284611	Address: Opposite Old Power House, Rahul Nagar, Azamgarh	
Name: Aditya Asthana		Relationship: Brother
Phone: 8303460817	Address: C-142, 2 nd Floor, Sector-15, Noida	
Name: Anita Asthana		Relationship: Mother
Phone: 6392786124	Address: Opposite Old Power House, Rahul Nagar, Azamgarh	
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: Shubham Prakash	Location: Noida	Profession: Engineer
Home Phone:	Work Phone:	Cellular Phone: 8789202015
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Aditya Asthana	Relationship: Brother	
Home Phone:	Work Phone:	Cellular Phone: 8303460817
Name: Indra Pratap Asthana	Relationship: Uncle	
Home Phone	Work Phone 9451758143	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: Harsh Asthana

Date Signed: 26-12-2025