

<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>		
Employee Name: Mithlesh Kumar	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 26/09/2002
Current Address: m-54 noida sector 66		City: noida      State: up
Permanent Address: bharhua, rohtas, Bihar		City: rohtas      State: bihar
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Jai Gobind Singh		Relationship: Father
Phone: 9056126415	Address: Leh	
Name: Sangeeta Devi		Relationship: Mother
Phone: 9217543694	Address: c-249 Sansarpur, Jalandhar, Punjab	
Name: Poonam		Relationship: Sister
Phone: 9501154915	Address: c-249 Sansarpur, Jalandhar, Punjab	
Name: Priyanka		Relationship: Sister
Phone: 9056023118	Address: c-249 Sansarpur, Jalandhar, Punjab	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	

<b>Please provide the details of any of your friends</b>		
Name: Amandeep Singh	Location: Jalandhar	Profession: Student
Home Phone: 9872298635	Work Phone:	Cellular Phone:9872298635
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
<b>IN CASE OF EMERGENCY PLEASE CONTACT</b>		
Name: Sangeeta Devi	Relationship: Mother	
Home Phone: 9217543694	Work Phone:	Cellular Phone: 9217543694
Name: Jai Gobind singh	Relationship: father	
Home Phone: 9056126415	Work Phone	Cellular Phone:9056126415
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:		
<b>II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT</b>		
Employee Signature: <i>Mithlesh Kumar</i>		Date Signed: 28/12/2023