

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

Employee Name:	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 02/09/1993
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Current Address: A97, SECTOR 27, NOIDA-201301, U.P.	City: NOIDA	State: U.P.
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Permanent Address: 1C-66, Gandhinagar Colony, Kanke Road, Ranchi, 834008	City: RANCHI	State: JHARKHAND
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**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: Manju Devi	Relationship: mother
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Phone: 9560865611	Address: 1C-66, Gandhinagar Colony, Kanke Road, Ranchi, 834008
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Name: Akash Ranjan	Relationship: brother
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Phone: 8802856069	Address: 1C-66, Gandhinagar Colony, Kanke Road, Ranchi, 834008
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Name:	Relationship:
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Phone:	Address:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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<b>Please provide the details of any of your friends</b>		
Name: Utkarsh Bharti	Location: Gurgaon	Profession: IT Professional
Home Phone:	Work Phone:	Cellular Phone: 8285773932
Name: Himanshu Rawat	Location: Delhi	Profession: IT Professional
Home Phone:	Work Phone:	Cellular Phone: 8851081206
Name: Jayashree	Location: Delhi	Profession: 8130438239
Home Phone:	Work Phone:	Cellular Phone:
<b>IN CASE OF EMERGENCY PLEASE CONTACT</b>		
Name: Akash Ranjan	Relationship: brother	
Home Phone: 1C-66, Gandhinagar Colony, Kanke Road, Ranchi, 834008	Work Phone:	Cellular Phone: 8802856069
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:		
<b>II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT</b>		
Employee Signature: <i>Ashish Ranjan</i>	Date Signed: 10/09/2024	