

<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: <i>Abhinav</i>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <i>04/11/2002</i>
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Current Address: <i>E-201 Raj Retreat Defence Colony Ghaziabad, U.P.</i>	City: <i>Ghaziabad</i>	State: <i>U.P.</i>
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Permanent Address: <i>E-201 Raj Retreat Defence Colony Ghaziabad, U.P.</i>	City: <i>Ghaziabad</i>	State: <i>U.P.</i>
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**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: <i>Ravinder Singh</i>	Relationship: <i>Father</i>
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Phone: <i>9560712830</i>	Address: <i>E201 Raj Retreat GZB.</i>
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Name: <i>Saroj Kumari</i>	Relationship: <i>Mother</i>
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Phone: <i>8527526331</i>	Address: <i>E201 Raj Retreat GZB.</i>
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Name: <i>Anshika</i>	Relationship: <i>Sister</i>
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Phone: <i>7011934491</i>	Address: <i>E201 Raj Retreat GZB</i>
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Name: <i>Deepak</i>	Relationship: <i>Cousin</i>
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Phone: <i>8219783260</i>	Address: <i>Sector 4 Gurugram</i>
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Please provide the details of any of your friends		
Name: <i>Sourabh Rawat</i>	Location: <i>New Delhi</i>	Profession: <i>Student</i>
Home Phone: <i>8377987723</i>	Work Phone:	Cellular Phone:
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: <i>Ravinder Singh</i>	Relationship: <i>Father</i>	
Home Phone: <i>9560712830</i>	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>[Signature]</i>		Date Signed: <i>20/8/24</i>