

In Case of Emergency Form

It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name: ANUBHAV SINGH	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 06/11/1991
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Current Address: 174-B SHARDAPURI COLONY RAJENDRA NAGAR (WEST) GORAKHNATH GORAKHPUR (U.P.)	City: GORAKHPUR	State: U.P.
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Permanent Address: VILLAGE+POST GHECHUA BAKHIRA DIST- SANT KABIR NAGAR - 272199	City: KHALILABAD	State: U.P.
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Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: HARIRAM SINGH	Relationship: FATHER
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Phone: 8948358610	Address: 174-B SHARDAPURI COLONY RAJENDRA NAGAR (WEST) GORAKHPUR
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Name: PREETI SINGH	Relationship: SISTER
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Phone: 9650298606	Address: HNO -1324 SECTOR-13 HISSAR HARYANA 125001
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Name: 8787081169 VIBHA SINGH	Relationship: SISTER
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Phone: 8787081169	Address: MAHAVIRPURAM GORAKHPUR RAPTINAGAR
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Name: CHANDRA BHUSHAN SINGH	Relationship: UNCLE
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Phone: 8957774873	Address: 174-B SHARDAPURI COLONY RAJENDRA NAGAR (WEST) GORAKHPUR
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Name: RITU SINGH	Relationship: AUNT
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Phone: 9896597606	Address: 174-B SHARDAPURI COLONY RAJENDRA NAGAR (WEST) GORAKHPUR
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Name: 7014115133 RATNAKAR SINGH	Relationship: BROTHER
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Phone: 7014115133	Address: CHITARS1 COLONY NEAR SJM HOSPITAL SECTOR 63 NOIDA
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Name: SHUBHAM SHUBHAM SINGH	Relationship: BROTHER-IN-LAW
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Phone: 9198967610	Address: HNO 1320 SECTOR 13 HISSAR HARYANA - 125001
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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: ANURAG SRIVASTAV	Location: NOIDA	Profession: ENGINEER
Home Phone: 8004745561	Work Phone:	Cellular Phone: 9792000312
Name: KUSHAGRATIWARI	Location: NOIDA	Profession: ENGINEER
Home Phone: 9696757642	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT

Name: SHUBHAM SINGH	Relationship: BROTHER-IN-LAW	
Home Phone: 9198967610	Work Phone:	Cellular Phone:
Name: HARIRAM SINGH	Relationship: FATHER	
Home Phone 8948358610	Work Phone	Cellular Phone:

Preferred Hospital: MEDANTA 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: *Anushkar*

Date Signed: 01/09/2021