

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: NARENDRA KUSHWAH	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 29-05-2000
Current Address: 44B/261 NAGLA GULAR, BODLA AGRA UP-282007		City: AGRA State: UP
Permanent Address: 44B/261 NAGLA GULAR BODLA AGRA UP-282007		City: AGRA State: UP
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: M.R BIHARI LAL KUSHWAH	Relationship: FATHER	
Phone: 7017519870	Address: 44B/261 NAGLA GULAR, BODLA, AGRA, UP-282007	
Name: GUDDI DEVI	Relationship: MOTHER	
Phone: 9760968342	Address: 44B/261 NAGLA GULAR BODLA, AGRA, UP-282007	
Name: ROHIT KUSHWAH	Relationship: BROTHER	
Phone: 9760968342	Address: 44B/261 NAGLA GULAR BODLA, AGRA UP-282007	
Name: VIVKESH KUSHWAH	Relationship: BROTHER	
Phone: 9760968342	Address: 44B/261 NAGLA GULAR BODLA, AGRA UP-282007	
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: ROHIT SHARMA	Location: NOIDA	Profession: Employee
Home Phone:	Work Phone:	Cellular Phone: 7088609545
Name: PUNEET KUMAR SHARMA	Location: NOIDA	Profession: EMPLOYEE
Home Phone:	Work Phone:	Cellular Phone: 9634802972
Name: VINEET SOLANKI	Location: AGRA	Profession: STUDENT
Home Phone:	Work Phone:	Cellular Phone: 7037494848
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: BIHARI LAL KUSHWAH	Relationship: FATHER	
Home Phone:	Work Phone:	Cellular Phone: 7017519870
Name: ROHIT SHARMA	Relationship: FRIEND	
Home Phone	Work Phone	Cellular Phone: 7088609545
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: <u>N. Kushwah</u>		Date Signed: 22-Feb-2023