

In Case of Emergency Form

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

I. GENERAL INFORMATION

Employee Name: PUNIT PRASAD UPRAITY Gender: M F Date of Birth: 10/08/1998

Current Address: 225 Madhav Nagar II JAWAHAR PURAM Shahganj agra City: AGRRA State: U.P

Permanent Address: 225 Madhav Nagar II NR Jawahar Puram Shahganj AGRRA City: AGRRA State: U.P

Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: MR. OM KAR PRASHAD Relationship: FATHER

Phone: 9410202792 Address: 225 Madhav Nagar II NR Jawahar Puram Shahganj AGRRA

Name: MRS RAJESHWARI DEVI Relationship: MOTHER

Phone: 9808234886 Address: 225 Madhav Nagar II NR Jawahar Puram Shahganj AGRRA.

Name: PANKAJ SHARMA Relationship: Younger Brother

Phone: 9808234886 Address: 225 Madhav Nagar II

Name: Relationship:

Phone: Address:

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: UMESH UPRAITY	Location: AGRA	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 7017960653
Name: JATIN	Location: AGRA	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 9997089660
Name: Manish Sharma	Location: AGRA	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 8533837874

IN CASE OF EMERGENCY PLEASE CONTACT

Name: Manish Sharma	Relationship: ELDER BROTHER	
Home Phone:	Work Phone:	Cellular Phone: 8533837874
Name: UMESH UPRAITY	Relationship: BROTHER	
Home Phone	Work Phone	Cellular Phone: 7017960653

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: Punit Prasad upraity	Date Signed: 29/03/21
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