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| In Case of Emergency Form | It is the responsibility of every employee to inform HR Department regarding any changes. |
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I. GENERAL INFORMATION

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|--|--|---------------------------|
| Employee Name: Chandresh Mahor | Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/> | Date of Birth: 07/03/2003 |
| Current Address: 4/13a Nagla Prathivmath Shahganj Agra | City: Agra State: U. P. | |
| Permanent Address: 4/13A NAULA PRATHIVMATH SHAHGANJ AGRA | City: Agra State: U. P. | |

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

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| Name: Jay Prakash | Relationship: father | |
| Phone: 7417394203 | Address: Kathwari, Agra | |
| Name: Chandra Prakash | Relationship: Uncle | |
| Phone: 9548276050 | Address: 4/13a Nagla Prathivmath Shahganj Agra | |
| Name: Niranjan | Relationship: Ummad father | |
| Phone: 8938000921 | Address: Kathwari, Agra | |
| Name: Greetu | Relationship: Sibling | |
| Phone: 9560856257 | Address: Kathwari Agra. | |
| Name: Kamal | Relationship: Sibling | |
| Phone: 9045854896 | Address: Kathwari Agra | |
| Name: | Relationship: | |
| Phone: | Address: | |
| Name: | Relationship: | |
| Phone: | Address: | |
| Name: | Relationship: | |
| Phone: | Address: | |

Please provide the details of any of your friends

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|------------------------|------------------------|-------------------------------|
| Name: Manav | Location: Aunra | Profession: Software engineer |
| Home Phone: 9557509041 | Work Phone: 9557509041 | Cellular Phone: 9557509041 |
| Name: Krishna | Location: Agra | Profession: Software engineer |
| Home Phone: 8954760783 | Work Phone: 8954760783 | Cellular Phone: 8954760783 |
| Name: Harsh | Location: Agra | Profession: Test engineer |
| Home Phone: 9458682264 | Work Phone: 9458682264 | Cellular Phone: 9458682264 |

IN CASE OF EMERGENCY PLEASE CONTACT

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|------------------------|------------------------|----------------------------|
| Name: Jay Prakash | Relationship: Father | |
| Home Phone: 7417394203 | Work Phone: 7417394203 | Cellular Phone: 7417394203 |
| Name: Chandra Prakash | Relationship: Uncle | |
| Home Phone: 9548276050 | Work Phone: 9548276050 | Cellular Phone: 9548276050 |

Preferred Hospital:

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| 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: Chandresh Date Signed: 02/02/26