

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Vansh Kumar Kashyap	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 30/05/2001
Current Address:	City:	State:
Permanent Address: 70, Madanpur, Post Kulgaon, Maharaipur, Kampur Nagar, UP	City: Kampur	State: UP
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Mr. Shyam Kumar Kashyap	Relationship: Father	
Phone: 7905310236	Address: 70, Madanpur, Post Kulgaon Maharaipur, Kampur Nagar, UP	
Name: Nitin Kumar Kashyap	Relationship: Brother	
Phone: 9125474734	Address: 70, Madanpur, Post, Kulgaon Maharaipur, Kampur Nagar, UP	
Name: Mr. Shailendra Kumar	Relationship: Cousin	
Phone: 9026725871	Address: 70, Madanpur, Honniha Kampur, Nagar, UP	
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: Subham Maurya	Location: Noida	Profession: Engineer
Home Phone: 9140750410	Work Phone:	Cellular Phone:
Name: Ramon Singh	Location: Kamp wa	Profession: Bank Employee
Home Phone: 6387400672	Work Phone: 7071980226	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Mr. Shyamu Kumar Kashyap	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 7905310236
Name: Nitin Kumar Kashyap	Relationship: Brother	
Home Phone: 9125474734	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: Vansh.	Date Signed: 05/08/2024	