

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.
---------------------------	---

**I. GENERAL INFORMATION**

Employee Name: TEJPAL SHARMA	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: 23-11-1991
Current Address: Jain dharmshala ke pass Dayalpur, L. Jeebe, Jaipur, Rajasthan 302030	City: JALORE State: RAJ	
Permanent Address: " Same "	City: JALORE State: RAJ	

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

Name: DEVARAM SHARMA	Relationship: FATHER
Phone: 9928436756	Address: AHORE RAJASTHAN 307030
Name: BHAVESH KUMAR	Relationship: BROTHER
Phone: 9768079474	Address: Vapi Gujarat
Name: HULASHI DEVI	Relationship: MOTHER
Phone: 7727925362	Address: AHORE RAJASTHAN 307030
Name: SAROT PALIWAL	Relationship: SISTER
Phone: 7568730795	Address: Sevadi RAJASTHAN (PALI)
Name: ANKIT PALIWAL	Relationship: BROTHER IN LAW
Phone: 9610181056	Address: Sevadi Pali, Rajasthan
Name:	Relationship:
Phone:	Address:
Name:	Relationship:
Phone:	Address:
Name:	Relationship:
Phone:	Address:

Please provide the details of any of your friends		
Name: AKASH SHARMA	Location: DELHI	Profession: IAS
Home Phone: 8290945166	Work Phone:	Cellular Phone:
Name: AJAY SINHA	Location: AHMEDBAD	Profession: Senior ENGINEER
Home Phone: 7742791673	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: BHAVESH SHARMA	Relationship: ELDER BROTHER	
Home Phone: 9768079474	Work Phone:	Cellular Phone:
Name: ANKIT PALIWAL	Relationship: BOOTHER In Law	
Home Phone 9610181057	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: Tejpal Sharma	Date Signed: 30-JUN-2024	