

In Case of Emergency Form

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

I. GENERAL INFORMATIONEmployee Name: *Subham Maurya*Gender:
M F Date of Birth: *10/10/2002*

Current Address:

City: State:

Permanent Address: *20, A, K.R. Puram Sanigawan
Road, Kanpur Nagar*City: *Kanpur* State: *UP***Please provide your Family Details (Parents, Siblings, Spouse etc.)**Name: *Mr. Jomuna Prasad Maurya*Relationship: *Father*Phone: *9935442232*Address: *20, A, K.R. Puram Sanigawan Road,
Kanpur Nagar, Kanpur, UP*Name: *Mrs. Rajkali Devi*Relationship: *Mother*Phone: *7991458702*Address: *20, A, K.R. Puram Sanigawan Road,
Kanpur, UP*Name: *Mr. Amarnath Maurya*Relationship: *grandfather*Phone: *8009056438*Address: *Nevada, bilanda, Fatehpur*

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: Vansh Kashyap	Location: Kanpur	Profession: Engineer
Home Phone: 9953327722	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Mr. Jamuna Prasad Maurya	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 9935442232
Name:	Relationship:	
Home Phone:	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: Subhan	Date Signed: 15/04/24	