

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Shilpa Mehandiratta	Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Date of Birth: 28 Aug 1983
Current Address: DB 118 D DDA FLATS HARI NAGAR NEW DELHI-110064	City: NEW DELHI	State: DELHI
Permanent Address: DB 118 D DDA FLATS HARI NAGAR NEW DELHI-110064	City: NEW DELHI	State: DELHI
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Rohit Mehandiratta	Relationship: Husband	
Phone: 8860535949	Address: DB 118 D DDA FLATS HARI NAGAR NEW DELHI-110064	
Name: Ashok Kumar Mehandiratta	Relationship: Father-in-law	
Phone: 9990153511	Address: DB 118 D DDA FLATS HARI NAGAR NEW DELHI-110064	
Name: Ashok Kumar Arora	Relationship: Father	
Phone: 9416243444	Address: 36 Vikas Nagar, Sonapat Road, Rohtak-124001	
Name: Ishan Arora	Relationship: Brother	
Phone: 9711964040	Address: 36 Vikas Nagar, Sonapat Road, Rohtak-124001	
Name: Parul Arora	Relationship: Sister	
Phone: 9971899688	Address: 925/24 Jagdish Colony, Main Road, Rohtak-124001	
Name: Himanshu Mehandiratta	Relationship: Brother-in-law	
Phone: 9008924433	Address: House No. 1257 Sector - 15, Panchkula-134112	
Name:	Relationship	
Phone	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: Rakesh Pandey	Location: Faridabad	Profession: Service
Home Phone:	Work Phone:	Cellular Phone: 9953078229
Name: Sunita Sharma	Location: New Delhi	Profession: Service
Home Phone:	Work Phone:	Cellular Phone: 9873514465
Name: Mohit Agrawal	Location: Gurgaon	Profession: Service
Home Phone:	Work Phone:	Cellular Phone: 9971256118
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Rohit Mehandiratta	Relationship: Husband	
Home Phone:	Work Phone:	Cellular Phone: 8860535949
Name: Ashok Kumar Mehandiratta	Relationship: Father-in-law	
Home Phone	Work Phone	Cellular Phone: 9990153511
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: Shilpa		Date Signed: 01.04.2023