

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: ARYANSH GUPTA	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 04/05/2004
Current Address: C-139, Sector 71, Noida	City: Noida	State: UP
Permanent Address: Plot no-41, Mauza Dehtora, Sikandra, Agra	City: Agra	State: U.P.
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: SUDHIR KUMAR GUPTA	Relationship: Father	
Phone: 8923113709	Address: Plot no-41, Mauza Dehtora, Sikandra, Agra	
Name: SONI GUPTA	Relationship: Mother	
Phone: 9837707871	Address: Plot no-41, Mauza Dehtora, Sikandra, Agra.	
Name: YASHI GUPTA	Relationship: Sister	
Phone: 6396511219	Address: Plot no-41, Mauza Dehtora, Sikandra, Agra	
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: Harsh Pratap	Location: Noida	Profession: Test-Engineer
Home Phone: 9458682264	Work Phone:	Cellular Phone:
Name: Manav Chaudhary	Location: Noida	Profession: Software Test-Eng developer
Home Phone: 9557509041	Work Phone:	Cellular Phone:
Name: Deepanshu Bansal	Location: Agra	Profession: BDE
Home Phone: 7300808464	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: SUDHIR KUMAR GUPTA	Relationship: Father	
Home Phone: 8923113709	Work Phone: 8923113709	Cellular Phone:
Name: SONI GUPTA	Relationship: Mother	
Home Phone: 9837707871	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: <u>Ashish Gupta</u>	Date Signed: 02/02/2026	