

<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>		
Employee Name: SHIVAM KUMAR	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 01/03/2000
Current Address: New Ashok Nagar, New Delhi, D-Block, 110096	City:	State: Delhi
Permanent Address: Nayagaon, Darbhanga, Bihar, 847121	City: DARBHANGA	State: BIHAR - GIA
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: NABIN KUMAR MISHRA	Relationship: FATHER	
Phone: 9123 294614	Address: DARBHANGA, BIHAR	
Name: KIRAN DEVI	Relationship: MOTHER	
Phone: 7564038714	Address: DARBHANGA, BIHAR	
Name: CHHOTI KUMARI	Relationship: SISTER	
Phone: 8092 833600	Address: DARBHANGA, BIHAR	
Name: GAURI SHANKAR JHA	Relationship: BROTHER	
Phone: 7319768549	Address: MADHUBANI, BIHAR	
Name: SURAJ KUMAR JHA	Relationship: UNCLE	
Phone: 6287541460	Address: MADHUBANI, BIHAR	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: AVNISH CHOUDHARY	Location: DELHI	Profession: ENGINEER
Home Phone: 9661650619	Work Phone:	Cellular Phone:
Name: RAHUL YADAV	Location: DELHI	Profession: GET ENGINEER
Home Phone: 7061279623	Work Phone:	Cellular Phone:
Name: HARSH MISHRA	Location: DELHI	Profession: DESIGNER
Home Phone: 6206262712	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: GAURI SHANKAR JHA	Relationship: BROTHER	
Home Phone: 7319768549	Work Phone:	Cellular Phone:
Name: PRASHANT JHA	Relationship: FRIEND	
Home Phone 8271682518	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: Shivam kumar		Date Signed: 10/05/25