

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: AMIT RANJAN		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 30/12/1995
Current Address: VILL - KISNI PATTI PO + PS - PHULPARAS		City: MADHUBAN State: BIHAR	
Permanent Address: VILL - KISNI PATTI PO + PS - PHULPARAS		City: MADHUBAN State: BIHAR	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: NAND KUMAR YADAV		Relationship: BROTHER	
Phone: 8920085037	Address: VILL - KISNI PATTI PO + PS - PHULPARAS DIST - MADHUBAN BIHAR		
Name: MARKIT YADAV		Relationship: FATHER'S	
Phone: 6287534103	Address: AT - KISNI PATTI PO + PS - PHULPARAS DIST - MADHUBAN BIHAR		
Name: SUMIT KUMAR		Relationship: BROTHER	
Phone: 6202956069	Address: AT - KISNI PATTI PO + PS - PHULPARAS DIST - MADHUBAN BIHAR		
Name: BIRENDRA KUMAR		Relationship: BROTHER	
Phone: 9625297974	Address: AT - KISNI PATTI PO + PS - PHULPARAS DIST - MADHUBAN BIHAR		
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship:	
Phone:		Address:	

Amit Ranjan

Please provide the details of any of your friends		
Name: ARVIND KUMAR	Location: BIHAR	Profession: self employed.
Home Phone: 9560556036	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: NAND KUMAR YADAV	Relationship: BROTHER	
Home Phone: 8920085037	Work Phone:	Cellular Phone:
Name: SUMIT KUMAR	Relationship: BROTHER	
Home Phone 6202956069	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:		Date Signed:

Anil Ranjan