In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.			0
1 CENED	AL INFORMATION			
	Gender:	Date of Birth:		
Employee Name: MAYANK ROY	M E F□	23/08/1	299	
Current Address: S/O, CHANDRIKA	PRASAD SINGH,	City:	State:	
GART MANDGOLA BANGLA PAR GHAT	KINARE PATHA CITY.	PATHA	BIHAR	
Permanent Address: S/O, CHANDRIKA	PRASAD SINGH, CAST	City:	State:	
NAMOGOLA BANGLA PAR GHAT KINARE,	200008. PATNA CIT	Y. PATNA	BIHAR	
Please provide your Family	Details (Parents, Sib	lings, Spouse (etc.)	
Name:		Relationship:		
MANISH KUMAR.		BROTHER		PATHA, B
Phone:	Address:Slo, CHAN			
7481875106	EAST NANDYOLA BAN	1	1	\$ a
Name:		Relationship: MOTHER		
PARPAN DEVI	11/0 1076			
Phone:	Address: W/O, LATE CAST NANDGOLA BAI PATHA CITY, 800	194 PAR GHP	T KINARE.	
9830118263	PATNA CITY, 800	Relationship:		
Name:		Relationship.		
Phone:	Address:			
Name:		Relationship:		
Phone:	Address:			
Name:		Relationship:		
Phone:	Address:		4	7
Name:		Relationship:		
DI .	Address:		and the second s	
Phone:	Audicos.			
Name:		Relationship		
Phone	Address:	Address:		
Name:		Relationship:		
Phone:	Address:			

Please provide the	details of any of you	r friends	
Name: JOHNY KUMAR GUPTA.	Location:	Profession:	
Home Phone:	Work Phone:	Cellular Phone: 9872088669.	
Name: PRAMOD KUMAR YADAV.	Location:	Profession: TEST ENGINEER	
Home Phone:	Work Phone:	Cellular Phone: 8288057887	
Name:	Location:	Profession:	
Home Phone:	Work Phone:	Cellular Phone:	
IN CASE OF EME	RGENCY PLEASE COL	NTACT	
Name: MANISH KUMAR.	Relationship: BROTHER		
Home Phone:	Work Phone:	Cellular Phone: 7481875106.	
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 include the reason of medication:	g (prescription and ove	er the counter). If necessary	
List allergies to medicine, food or othe physical impairments and assistive de attach documentation is necessary:	r allergens, and any m vices, that emergency	nedical information such as personal need to be aware of,	
II. SIGNATURE AND CONSEN	F FOR EMERGENCY M	IEDICAL TREATMENT	
Employee Signature:	Date Signed: 14 12 2023 .		