

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: SACHIN KUMAR	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 05/02/2001
Current Address: Happy living Pg, Mahadeva Pura, 560048, Bangalore	City: Bengaluru	State: Karnataka
Permanent Address: Sharda Nagar, near bus stand, Purnia, 854301	City: Purnia	State: Bihar
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Yogendra Prasad Singh	Relationship: Father	
Phone: 9431278063	Address: Sharda Nagar, Purnia 854301, Bihar	
Name: Shakuntala Devi	Relationship: Mother	
Phone: 7260932652	Address: Sharda Nagar, Purnia 854301, Bihar	
Name: Sagar Kumar	Relationship: Brother	
Phone: 8340699825	Address: Sharda Nagar, Purnia 854301, Bihar	
Name: Anjali Kumari	Relationship: Sister	
Phone: 8434546437	Address: Santi Nagar, Sambalpur 768004, Odhisa	
Name: Mulraj Mandal	Relationship: Brother-in-law	
Phone: 8750193668	Address: Santi Nagar, Sambalpur 768004, Odhisa	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: Gauray Kumar	Location: Purnia, Bihar	Profession: Teacher
Home Phone:	Work Phone: 9122698844	Cellular Phone: 7544051527
Name: Aman kumar Jha	Location: Bengaluru	Profession: Corporate
Home Phone:	Work Phone:	Cellular Phone: 6205197670
Name: Jatin Chaudhary	Location: Purnia, Bihar	Profession: Corporate
Home Phone:	Work Phone:	Cellular Phone: 7369078323
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Yogendra Prasad Singh	Relationship: Father	
Home Phone:	Work Phone: 7260932652	Cellular Phone: 9431278063
Name: Mulraj Mandal	Relationship: Brother-in-law	
Home Phone	Work Phone	Cellular Phone: 8750193668
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: Sachin KA		Date Signed: 18/12/2024