In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name: RAMASHANKAR THAKUR	Gender: M ☑ F ☐	Date of Birth: 11/01/1992.
Current Address:	City:	State:
Permanent Address: At- Kendua, P.o- Berokala, Barkatha, Hazaribagh (Jharkhand)	City: Hazaribagh.	State: Jharkhand

Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: Bhuneshwar Thakur	Relationship: Father.
Phone: 9973830456	Address: At- Kendua. Berokala, Barkatha, Hazaribagh (Jharkhand)
Name: Kaushalya Devi	Relationship: Mother.
Phone: 9973830456	Address: At- Kendua, Berokala, Barkatha, Hazaribagh (Jharkhand)
Name: Anita Kumari	Relationship: wife.
Phone: 8210283733	Address: At- Kendua, Berokala, Barkatha, Hazaribgh (Jharkhang)
Name: Ganesh Kumar Sharma	Relationship: Brother.
Phone: 8083847215	Address: At- Kendua. Berokala. Barkatha. Hazaribagh (Jharkhand)
Name: Basant Kumar Sharma	Relationship: Brother.
Phone: 9835055865	Address: At- Kondua. Berokala, Barkatha, Hazaribgh (Jharkhand)
Name:	Relationship:
Phone:	Address:
Name:	Relationship
Phone	Address:
Name:	Relationship:
Phone:	Address:

Ramashankar

Please provide the details of any of your friends

Name:	Location:	Profession:
Home Phone:	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: Bhuneshwar Thakur	Relationship: father	
Home Phone: 9973830456	Work Phone:	Cellular Phone:
Name: Anita Kumari	Relationship: wife	
Home Phone 8210283733	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: Rameshankar	Date Signed: 07/04/2023

Rameshankar