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| In Case of Emergency Form | | It is the responsibility of every employee to inform HR Department regarding any changes. | |
| I. GENERAL INFORMATION | | | |
| Employee Name: ASHISH RANJAN | | Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/> | Date of Birth: 09-01-2002 |
| Current Address: K-164 - Hanuman Nagar Kankarbagh Patna | | City: Patna | State: Bihar |
| Permanent Address: Vill + PS - Alipur, Post - Kespa, Gaya | | City: Gaya | State: Bihar |
| Please provide your Family Details (Parents, Siblings, Spouse etc.) | | | |
| Name: Amit Ranjan | | Relationship: Brother | |
| Phone: 9631932923 | | Address: K-164, Hanuman Nagar, Patna | |
| Name: Chandan Kumar | | Relationship: Brother-in-law | |
| Phone: 9531932923 | | Address: K-146, Hanuman Nagar Kankarbagh Patna | |
| Name: BHAMBHU PRASAD SINGH | | Relationship: FATHER | |
| Phone: 9006467218 | | Address: Vill + PS - Alipur, Post Kespa, Terori Bihar | |
| Name: | | Relationship: | |
| Phone: | | Address: | |
| Name: | | Relationship: | |
| Phone: | | Address: | |
| Name: | | Relationship: | |
| Phone: | | Address: | |
| Name: | | Relationship: | |
| Phone: | | Address: | |
| Name: | | Relationship: | |
| Phone: | | Address: | |

| 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: Amit Panjan | Relationship: Brother | |
| Home Phone: 9631932923 | Work Phone: 7544002627 | Cellular Phone: |
| 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 (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: <i>Amit Panjan</i> | | Date Signed: 30-07-2024 |