

In Case of Emergency Form

It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name:

VIKASH KUMAR

Gender:

M ☒ F ☐

Date of Birth:

18/04/2000

Current Address:

BAJINDRANAGAR, PATNA
BIHAR

City:

PATNA

State:

BIHAR

Permanent Address:

City:

State:

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

Name:

SHIVBALAK RAY

Relationship:

FATHER

Phone:

9571083504

Address:

vill-OLIPUR, TARAI,
PS, MANIHAR, BIHAR

Name:

Relationship:

Phone:

Address:

Name:

Relationship:

Phone:

Address:

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: ANIKET KUMAR	Location: Delhi	Profession: Supervisor
Home Phone:	Work Phone: 8226866682	Cellular Phone:
Name: Deepak Kumar	Location: Hanoi, Viet	Profession: Foreman
Home Phone:	Work Phone: 7654466279	Cellular Phone:
Name: BHAOLA KUMAR	Location: OLEPUR	Profession: Supervisor
Home Phone:	Work Phone: 9661952340	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT

Name:	SHREENATH KUMAR		Relationship:	BROTHER	
Home Phone:	6204556055		Work Phone:		Cellular Phone:
Name:			Relationship:		

Preferred Hospital:	Work Phone:	Cellular Phone:
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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 personnel need to be aware of, attach documentation is necessary:

II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

Employee Signature:	Date Signed: 11/06/2025
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