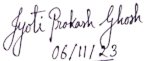


<b>In Case of Emergency Form</b>		It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>			
Employee Name: JYOTI PROKASH GHOSH		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 16/08/1999
Current Address: jatragachi,Deshbondhu nagar,kestopur kolkata-700156		City: kolkata State: West Bengal	
Permanent Address: Tinna ,Pandua , Hooghly,pin- 712149		City: Hooghly State: West Bengal	
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>			
Name: JOYDEV GHOSH		Relationship: Father	
Phone: 8016233266		Address: Tinna, Pandua , Hooghly, 712149	
Name: PADMA GHOSH		Relationship: Mother	
Phone: 7501484436		Address: Tinna ,Pandua , Hooghly,712149	
Name: SHRABANI GHOSH		Relationship: Sister	
Phone: 7551041194		Address: Tinna ,Pandua , Hooghly,712149	
Name: SAYAM SUNDOR GHOSH		Relationship: Brother	
Phone: 9432934222		Address: Tinna ,Pandua , Hooghly,712149	
Name: PRITAM GHOSH		Relationship: Nephew	
Phone: 7501295174		Address: Tinna ,Pandua , Hooghly,712149	
Name:		Relationship:	
Phone:		Address:	
Name:		Relationship	
Phone		Address:	
Name:		Relationship:	
Phone:		Address:	

Please provide the details of any of your friends		
Name: SOURAV GHOSH	Location: Tinna ,Pandua , Hooghly,712149	Profession: empoy at zepto
Home Phone:	Work Phone:	Cellular Phone: 7501131308
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: JOYDEV GHOSH	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 8016233266
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 assisitive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature:  06/11/23		Date Signed: 06/11/23