

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: MANTOSH KUMAR		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: - 17/05/1993
Current Address: AT-KHAJRA LAL CHAND P.O-SAMELI, P.S-FALKA, DIST-KATIHAR, PIN-854101		City: KATIHAR	State: BIHAR
Permanent Address: S/O-Mahesh Mandal AT-Khajra Lal Chand, P.O-sameli, P.S-falka		City: KATIHAR	State: BIHAR
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: SAURABH KUMAR		Relationship: BROTHER	
Phone: -8340520674	Address: AT-KHAJRA LAL CHAND P.O-SAMELI, P.S-FALKA, DIST-KATIHAR BIHAR		
Name: MAHESH MANDAL		Relationship: FATHER	
Phone: 7631729659	Address: AT-KHAJRA LAL CHAND P.O-SAMELI, P.S-FALKA, DIST-KATIHAR		
Name: DILEEP KUMAR MANDAL		Relationship: Brother-in-law	
Phone: 7250094505	Address: AT-Raniganj, P.O-Kadwa P.S-KADWA, DIST-KATIHAR		
Name: PAWAN KUMAR		Relationship: BROTHER-IN-LAW	
Phone: 9801164084	Address: AT-SRIPUR, P.O-Sripur P.S-Bhawanipur, DIST-PURNIA-854205		
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: RAJEEV RANJAN PATEL	Location: KATIHAR(BIHAR)	Profession: ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 797992295
Name: LALAN KUMAR YADAV	Location: RANCHI	Profession: ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 9907391342
Name: RITESH MISRA	Location: MUMBAI	Profession: ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 8340710675
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: SAURABH KUMAR	Relationship: BROTHER	
Home Phone: 8340520674 / 7631444196	Work Phone:	Cellular Phone: 7631444196
Name: RAJEEV RANJAN PATEL	Relationship: FRIEND	
Home Phone:	Work Phone:	Cellular Phone: 797992295
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 personnel need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: Mantosh Kumar		Date Signed: 28/02/2023