

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: <u>AJEEET KUMAR THAKUR</u>		Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <u>16/04/1992</u>
Current Address: <u>FULWARI SARIF PATNA</u>		City: <u>PATNA</u>	State: <u>BIHAR</u>
Permanent Address: <u>VILL + P.O - HATHIYARA PS - DEOKUND, DIST - AURANGABAD, BIHAR</u>		City: <u>AURANGABAD</u>	State: <u>BIHAR</u>
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: <u>JULI KUMARI</u>		Relationship: <u>WIFE</u>	
Phone: <u>8340110445</u>		Address: <u>VILL + P.O - HATHIYARA PS - DEOKUND, DIST - AURANGABAD, BIHAR</u>	
Name: <u>AADITYA KUMAR</u>		Relationship: <u>BROTHER</u>	
Phone:		Address: <u>DO</u>	
Name: <u>JAMUNI THAKUR</u>		Relationship: <u>MOTHER</u>	
Phone:		Address: <u>DO</u>	
Name: <u>J. ATHARV ANAND</u>		Relationship: <u>SON</u>	
Phone:		Address: <u>DO</u>	
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: MANEESH KUMAR	Location: DELHI	Profession: ENGINEER
Home Phone: 8360194606	Work Phone:	Cellular Phone:
Name: PANKAJ KUMAR	Location: BIHAR	Profession: ENGINEER
Home Phone: 8821086855	Work Phone:	Cellular Phone:
Name: RITESH TIWARI	Location:	Profession:
Home Phone: 9576188893	Work Phone:	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT

Name: JULI KUMARI	Relationship: WIFE	
Home Phone: 8340110445	Work Phone:	Cellular Phone:
Name: AADITYA KUMAR	Relationship: BROTHER	
Home Phone 9006101327	Work Phone	Cellular Phone:

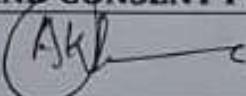
Preferred Hospital:

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: 	Date Signed: 08/01/2026
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