

In Case of Emergency Form

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

I. GENERAL INFORMATION

Employee Name: AJEET KUMAR THAKUR Gender: ☒ M ☐ F Date of Birth: 16/04/1992

Current Address: FULWARI SARIF PATNA City: PATNA State: BIHAR

Permanent Address: VILL + P.O - HATHIYARA PS-DEOKUND, DIST-AURANGABAD, BIHAR City: AURANGABAD State: BIHAR

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

Name: JULI KUMARI Relationship: WIFE

Phone: 8340110445 Address: VILL + P.O - HATHIYARA PS-DEOKUND, DIST-AURANGABAD, BIHAR

Name: AADITYA KUMAR Relationship: BROTHER

Phone: Address: DO

Name: JAMUNI THAKUR Relationship: MOTHER

Phone: Address: DO

Name: J. ATHARV ANAND Relationship: SON

Phone: Address: DO

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 personnel 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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