

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: BIPUL PANDIT	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 31/07/1996
Current Address: 9A/12, 1 st Floor, South Sinthee Road, Kolkata - 700050		City: Kolkata State: WB
Permanent Address: Village- Kelahi, P.O.- Kelahi, P.S.- Mihijam, Dist:- Jamtara (Jharkhand), 815354		City: Jamtara State: Jh
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: BIDYUT PANDIT		Relationship: FATHER
Phone: 7979874224	Address: Vill + P.O. - Kelahi, P.S. - Mihijam, Jamtara, Jharkhand, Pin- 815354	
Name: ABADHUT PANDIT		Relationship: UNCLE
Phone: 8240714403	Address: (SAME)	
Name: BINOY PANDIT		Relationship: BROTHER
Phone: 8789312384	Address: (SAME)	
Name: BIMAL PANDIT		Relationship: UNCLE
Phone: 9304221348	Address: (SAME)	
Name: MUKUL PAUL		Relationship: COUSIN
Phone: 9932138932	Address: Jagannath Dham Apartment, Lower chelidanga, Asansol, WB - 713304	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	

Please provide the details of any of your friends		
Name: SOURAV PAL	Location: DURGAPUR	Profession: ENGINEER
Home Phone:	Work Phone: 7001085447	Cellular Phone:
Name: SANMI SINHA	Location: Mihijam, Jharkhand	Profession: STUDENT
Home Phone: 7903705993	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: BIDYUT PANDIT	Relationship: FATHER	
Home Phone: 7979874224	Work Phone: 9162025201	Cellular Phone:
Name: MUKUL PAUL	Relationship: BROTHER	
Home Phone 9932138932	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: Bipul Pandit		Date Signed: 27/01/21