

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>Sunil Kumar Singh</u>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <u>25/11/1993</u>
Current Address: <u>Metta Guest house, Panchnath Plot, Lambda Chok, Rajkot (Gujarat) 360002</u>		City: <u>Rajkot</u> State: <u>Gujarat</u>
Permanent Address: <u>Vill- Karmari, post- Bangama, PS- Baladurganj, Dist- Kishanganj, (Bihar) 855181</u>		City: <u>Kishanganj</u> State: <u>Bihar</u>
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: <u>Hira Lal Singh</u>		Relationship: <u>Father</u>
Phone: <u>9931674447</u>	Address: <u>Vill- Karmari, Dist- Kishanganj Bihar</u>	
Name: <u>Kalpana devi</u>		Relationship: <u>Mother</u>
Phone: <u>8252750582</u>	Address: <u>Kishanganj, Bihar</u>	
Name: <u>Aray Kumar Singh</u>		Relationship: <u>Brother</u>
Phone: <u>6201146607</u>	Address: <u>Purnia, Bihar</u>	
Name:		Relationship:
Phone:	Address:	
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: Pradeep Kumar Singh	Location: Noida	Profession: JOB
Home Phone:	Work Phone:	Cellular Phone:
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: Hira Lal Singh	Relationship: Father	
Home Phone: 9931674447	Work Phone:	Cellular Phone: 9931674447
Name: Arav Kumar Singh	Relationship: Brother	
Home Phone:	Work Phone:	Cellular Phone: 6201146607
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: Sunil Kumar Singh		Date Signed: 17/08/21