

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: TINKU HORE	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 18/11/1994
Current Address: 3rd Floor, Smriti Abashan Baroaduary, Murshidabad	City: AZIMGANJ	State: WB
Permanent Address: Shatranjipatty, Baranagar	City: Azimganj	State: WB
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: RABINDRANATH HORE	Relationship: FATHER	
Phone: 747781 8665	Address: Azimganj, WB	
Name: NAITREYEE KAR HORE	Relationship: MOTHER	
Phone: 8343 045996	Address: Azimganj, WB	
Name: PRIYANKA HORE	Relationship: SISTER	
Phone: 8001 781553	Address: Azimganj, WB	
Name: SHYAMALI SHIL	Relationship: WIFE	
Phone: 8343 9953 88	Address: Azimganj, WB	
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: RAJAT KUMAR BACHHAWAT	Location: AZIMGANJ	Profession: PRIVATE JOB
Home Phone:	Work Phone:	Cellular Phone: 89184 19614
Name: ANUJ MANDAKAR	Location: NAVE MUMBAI	Profession: PRIVATE JOB
Home Phone:	Work Phone:	Cellular Phone: 86697 66931
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: SHYAMALI SHIL	Relationship: WIFE	
Home Phone:	Work Phone: 7908069648	Cellular Phone: 8343 9953 88
Name: PRIYANKA HORE	Relationship: SISTER	
Home Phone	Work Phone	Cellular Phone: 8001 781 553
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: Anur Hore		Date Signed: 24/05/2025