

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.
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I. GENERAL INFORMATION

Employee Name: ABHISHEK KUMAR	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: 20/08/2002
Current Address: Granolhi nagar Gudhyar near bharat mata chowk		City: Raipur State: Chhattisgarh
Permanent Address: J.P. residency 104/B- Block Hemonagar		City: Bilaspur State: Chhattisgarh
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: GEETA DEVI		Relationship: MOTHER
Phone: 9262865566	Address: BILASPUR	
Name: SANJAY KUMAR		Relationship: FATHER
Phone: 7737078569	Address: BILASPUR	
Name: RUBI KUMARI		Relationship: SISTER
Phone: 6263490056	Address: BILASPUR	
Name: ANIKET KUMAR		Relationship: BROTHER
Phone: 7979989032	Address: BILASPUR	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	

Abhishek
12/6/22

Please provide the details of any of your friends		
Name: ABHISHEK BHOWNIC	Location: BILASPUR	Profession: FISHERY
Home Phone: 9406064207	Work Phone: 9669943310	Cellular Phone: — / — Same as W.P
Name: NITISH DHROV	Location:	Profession: PHARMACY
Home Phone:	Work Phone: 8319046315	Cellular Phone: — / —
Name: AARUSH LAMRE	Location:	Profession: SALES
Home Phone:	Work Phone: 7509295929	Cellular Phone: — / —
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: RUBI KUMARI	Relationship: SISTER	
Home Phone: 6203490056	Work Phone:	Cellular Phone: 6203490056
Name: NITISH DHROV	Relationship: FRIEND	
Home Phone:	Work Phone:	Cellular Phone: 8319046315
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: <u>Ashish</u>		Date Signed: 12/6/25