

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

I. GENERAL INFORMATION

Employee Name: AVEHASHI	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: 02/10/1994
Current Address: 301 VENHNAHARTA APT. KOPARIKHARNE HAVE. MUMBAI	City: MUMBAI	State: MAHARASHTRA
Permanent Address: Vill - Balua, P.S. - Rumi - Saldar, Sitamarhi, 843316	City: BEHAR	State: BEHAR

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

Name: PRAYANKA KUMAR	Relationship: WIFE
Phone: 6201150442	Address: Vill - Balua, P.S. - R. Saldar Dist - Sitamarhi, Bihar 843316
Name: BEHDESHWAR PRABAD YADAV	Relationship: FATHER
Phone: 6202458973	Address: Vill - Balua P.S. - R. Saldar Dist - Sitamarhi Bihar, 843316
Name: ABHESHEK RANJAN	Relationship: BROTHER
Phone: 6202458973	Address: Vill - Balua P.S. - R. Saldar Dist - Sitamarhi Bihar 843316
Name:	Relationship:
Phone:	Address:
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: SUSHEEL KUMAR	Location: BIHAR	Profession: PANCHAYAT SECRETARY
Home Phone:	Work Phone: 7250162192	Cellular Phone:
Name: KRISHNAN KUMAR	Location: VJAYAWADA	Profession: RAILWAY
Home Phone:	Work Phone: 7352859611	Cellular Phone:
Name: KUMAR SATYAM	Location: MUMBAI	Profession: RF-co-ordinator
Home Phone:	Work Phone: 8236812783	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: SALLEHRA RAC	Relationship: FRIEND	
Home Phone:	Work Phone: 7000386125	Cellular Phone:
Name:	Relationship:	
Home Phone	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: Avinash		Date Signed: 02/05/2023