

In Case of Emergency Form

It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name: SAURABH PRAKASH	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 02/11/1996
Current Address: Lane-2, Srinagar, Dumra Road, Sitamarhi 843301	City: Sitamarhi	State: Bihar
Permanent Address: Lane-2, Srinagar, Dumra Road, Sitamarhi 843301	City: Sitamarhi	State: Bihar
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Mr. Vijay Shankar Lal	Relationship: Father	
Phone: 7541961744	Address: Lane-2, Srinagar, Dumra Road, Sitamarhi.	
Name: Mrs. Manju Karn	Relationship: Mother	
Phone: 9798929799	Address: Lane-2, Srinagar, Dumra Road, Sitamarhi.	
Name: Mr. Pallav Prakash	Relationship: Brother	
Phone: 9262781444	Address: Lane-2, Srinagar, Dumra Road, Sitamarhi.	
Name: Shruti	Relationship: Wife	
Phone: 9661967401	Address: Lane-2, Srinagar, Dumra Road, Sitamarhi.	
Name: Mr. Mahesh Narayan Das	Relationship: Father in law.	
Phone: 9472540153	Address: Vill. Bajitpur, Milkichak, Darbhanga. (846009)	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: Shubham	Location: Bonga, Bihar	Profession: Engineer
Home Phone:	Work Phone:	Cellular Phone: 8269473117
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: Mrs. Shruti	Relationship: wife	
Home Phone: 9661967401	Work Phone:	Cellular Phone:
Name: Mr. Vijay Shankar Lal	Relationship: father	
Home Phone: 7541961744	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: Saurabh Prakash		Date Signed: 06/12/2021