

In Case of Emergency Form		It is the responsibility of every employee to inform IIR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: PREMCHAND KUMAR		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 05/11/1995
Current Address: VILL-SHIVRAJEE TOLA, POST-CHAKRAE, P.S.-DHANWALE, PIN-802152		City: BHADJPUR State: BIHAR	
Permanent Address: VILL-SHIVRAJEE TOLA, POST-CHAKRAE, P.S.-DHANWALE, PIN-802152		City: BHADJPUR State: BIHAR	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: VAKIL SINGH		Relationship: FATHER	
Phone: 7494070858	Address: VILL-SHIVRAJEE TOLA, POST-CHAKRAE, P.S.-DHANWALE, PIN-802152		
Name: VINOD KUMAR SINGH		Relationship: BROTHER	
Phone: 8082130939	Address: VILL-SHIVRAJEE TOLA, POST-CHAKRAE, P.S.-DHANWALE, PIN-802152		
Name: PRAMOD SINGH		Relationship: BROTHER	
Phone: 8837655484	Address: VILL-SHIVRAJEE TOLA, POST-CHAKRAE, P.S.-DHANWALE, PIN-802152		
Name: KIRAN KUMARI		Relationship: WIFE	
Phone: 7707097019	Address: VILL-SHIVRAJEE TOLA, POST-CHAKRAE, P.S.-DHANWALE, PIN-802152		
Name: LALITA DEVI		Relationship: SISTER IN LAW	
Phone: 6204851827	Address: VILL-SHIVRAJEE TOLA, POST-CHAKRAE, P.S.-DHANWALE, PIN-802152		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		

Prem Chand

Please provide the details of any of your friends		
Name: <u>Nayan Singh</u>	Location: <u>Chemali-Giarh</u>	Profession: <u>Engineer</u>
Home Phone:	Work Phone:	Cellular Phone: <u>84203 00742</u>
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: <u>VINOD KUMAR SINGH</u>	Relationship: <u>BROTHER</u>	
Home Phone:	Work Phone:	Cellular Phone: <u>80821 30939</u>
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: <u>Prem Chandra</u>		Date Signed: <u>03/11/2024</u>

Prem Chandra