

<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>		
Employee Name: MANISH KUMAR	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 20/10/1995
Current Address:	City: State:	
Permanent Address: VILL-SAKRI, PO-SAKRI CHOUKI, PS+Dist- ARWAL (BIHAR)-804401	City: ARWAL State: BIHAR	
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: NEHA KUMARI	Relationship: WIFE	
Phone: 8102188291	Address: C/O-MANISH KUMAR, VILL-SAKRI, PO-SAKRI CHOUKI, PS+Dist-ARWAL (BIHAR)-804401	
Name: RAM KEWAL RAM	Relationship: FATHER	
Phone: 7488856658	Address: VILL-SAKRI, PO-SAKRI CHOUKI, PS+Dist-ARWAL (BIHAR) - 804401	
Name: AKSHAY KUMAR	Relationship: BROTHER	
Phone: 8051644747	Address: VILL-SAKRI, POSAKRI, CHOUKI PS+Dist-ARWAL, (BIHAR)-804401	
Name: BARHO DEVI	Relationship: MOTHER	
Phone: - - - - -	Address: VILL-SAKRI, PO-SAKRI CHOUKI, PS+Dist-ARWAL (BIHAR) 804401.	
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: Vidya Sagar	Location: BAH, PATNA.	Profession: STUDY
Home Phone:	Work Phone:	Cellular Phone: 8789150201
Name: MANTU KUMAR	Location: ARA	Profession: WORKING IN LOGISTICS.
Home Phone:	Work Phone:	Cellular Phone: 6381351895.
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: NEHA KUMARI	Relationship: WIFE	
Home Phone:	Work Phone:	Cellular Phone: 8102188291
Name: RAM KEWAL RAM	Relationship: FATHER	
Home Phone	Work Phone	Cellular Phone: 7488856658
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: Manish Kumar		Date Signed: 19/02/2022