

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Roushan kumar Tiwari	Gender: M <input type="checkbox"/> <input type="checkbox"/>	Date of Birth: 08/07/1993
Current Address: NOIDA SECTOR 70, CH-26		City:NOIDA State: UP
Permanent Address: Ravindra Nath Tiwari , Thari , Thori panday Pur , Murar, Murar, Buxar, Bihar -802127		City: State:
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: NISHU KUMARI PATHAK		Relationship: WIFE
Phone:9798272833	Address: Ravindra Nath Tiwari , Thari , Thori panday Pur , Murar, Murar, Buxar, Bihar -802127	
Name: RENU DEVI		Relationship: MOTHER
Phone:7654760035	Address: Ravindra Nath Tiwari , Thari , Thori panday Pur , Murar, Murar, Buxar, Bihar -802127	
Name: RAVINDRA NATH TIWARI		Relationship: FATHER
Phone: 9798272833	Address: Ravindra Nath Tiwari , Thari , Thori panday Pur , Murar, Murar, Buxar, Bihar -802127	
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: Gulshan kumar Tiwari	Location: patna	Profession: pvt job
Home Phone: 79922 39761	Work Phone: 79922 39761	Cellular Phone:
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: Gulshan kumar Tiwari	Relationship: brother	
Home Phone: 79922 39761	Work Phone:	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: Roushan kumar		Date Signed: 29/05/2025