

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name:		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 15/04/2003
Current Address:		City:	State:
Permanent Address:		City:	State:
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: SMH Rao		Relationship: Father	
Phone: 8455892522	Address: SMH Rao, CL2, Railway Quater, No RB/1V/1/3, Sector A, Sambalpur		
Name: SN. VENI		Relationship: Mother	
Phone: 9040534845	Address: Railway Quater, No. RB/1V/1/3 Sector A Sambalpur		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		