

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: SAUMYA SEKHAR BORAL	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 16/03/1986
Current Address: FLAT NO-2 G/C, UTTARA APT. PALPARA, CHANDANNAGAR, HOOGHLY 712136	City: CHANDANNAGAR	State: W.B.
Permanent Address: 45, DHARAPARA, CHANDANNAGAR, HOOGHLY - 712136	City: CHANDANNAGAR	State: W.B.
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: SAKILA BORAL	Relationship: WIFE	
Phone: 7003608362	Address: FLAT NO-2 G/C, UTTARA APT. PALPARA, CHANDANNAGAR, HOOGHLY, W.B.	
Name: KRISHNA BORAL	Relationship: MOTHER	
Phone: 9836108100	Address: 45, DHARAPARA, CHANDANNAGAR HOOGHLY, W.B. 712136	
Name: SATAL BORAL	Relationship: FATHER	
Phone: 9051568659	Address: 45, DHARAPARA, CHANDANNAGAR HOOGHLY, W.B. 712136	
Name: SALMA MONDAL	Relationship: SISTER	
Phone: 9432926431	Address: HARIDRADANGA, BISHAHARITALA, CHANDANNAGAR.	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Saumya Sekhar Borral

Please provide the details of any of your friends		
Name: SUBRATA CHAKRABORTY	Location: CHANDANNAGAR	Profession: BUSINESS
Home Phone: 033-26837911	Work Phone: 9477361227	Cellular Phone: 9831502365
Name: TANMAY DEY	Location: CHANDANNAGAR	Profession: TEACHER
Home Phone:	Work Phone: 8013666246	Cellular Phone: 7003564900
Name: SATARUPA CHATTERJEE	Location: KOLKATA	Profession: TEACHER
Home Phone:	Work Phone:	Cellular Phone: 7003784590
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: SAKILA BORAL	Relationship: WIFE	
Home Phone:	Work Phone:	Cellular Phone: 7003608362
Name: KRISHNA BORAL	Relationship: MOTHER	
Home Phone	Work Phone	Cellular Phone: 9836108100
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: <i>Sucanya Sekhar Boral</i>		Date Signed: 18/12/2024