

**In Case of Emergency Form** It is the responsibility of every employee to inform HR Department regarding any changes.

**I. GENERAL INFORMATION**

Employee Name: Surojit Roy Gender: M  F  Date of Birth: 09/03/1994

Current Address: Kotulpur Netajimone Vivekananda Pally, Bankura, 722141 City: Kotulpur State: West Bengal

Permanent Address: Kotulpur Netajimone Vivekananda Pally, Bankura, 722141 City: Kotulpur State: West Bengal

**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: Anil Kumar Roy Relationship: Father

Phone: 9735847523 Address: Kotulpur Netajimone Vivekananda Pally

Name: Maya Roy Relationship: Mother

Phone: 9735847523 Address: Kotulpur Netajimone Vivekananda Pally

Name: Keya Samui Relationship: Wife

Phone: 8670700435 Address: Joyrambati, Bankura

Name: Relationship:

Phone: Address:

Name: Relationship:

Phone: Address:

Name: Relationship:

Phone: Address:

Name: Relationship:

Phone: Address:

Name: Relationship:

Phone: Address:

Surojit Roy  
01/02/2025

Please provide the details of any of your friends		
Name: Sandipan Das	Location: Kolkata	Profession: Engineer
Home Phone:	Work Phone: 8918776896	Cellular Phone:
Name: Sumit Babu	Location: Kotulpur	Profession: Businessman
Home Phone:	Work Phone: 7001050802	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Keya Samui	Relationship: Wife	
Home Phone: 8670700435	Work Phone:	Cellular Phone:
Name: Anil Kumar Roy	Relationship: Father	
Home Phone 9735847523	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: Surajit Roy	Date Signed: 01/02/2025	

Surajit Roy  
01/02/2025