

<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.
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**I. GENERAL INFORMATION**

Employee Name: <b>RAKESH SARMA</b>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <b>31/03/92</b>
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Current Address: <b>Krishna villa, Apartment Kestopur</b>	City: <b>Kotkata</b> State: <b>INB</b>
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Permanent Address: <b>Vill + Post - Katauna, Nalanda - 805130</b>	City: <b>BIHARSHARFF</b> State: <b>BIHAR</b>
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**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: <b>BANDANA KUMARI</b>	Relationship: <b>WIFE</b>
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Phone: <b>9534043778</b>	Address: <b>Vill + Post - Katauna, Nalanda, Bihar - 805130</b>
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Name: <b>NAWAL PRASAD SHARMA</b>	Relationship: <b>Father</b>
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Phone: <b>9534506263</b>	Address: <b>Vill + Post - Katauna, Nalanda, Bihar</b>
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Name: <b>Ravi Shankar Sharma</b>	Relationship: <b>Brother</b>
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Phone: <b>9570527355</b>	Address: <b>49/f, Traffic Colony, Patna, Bihar</b>
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Please provide the details of any of your friends		
Name: AMIT KUMAR	Location: Mangalore	Profession: VIL - Engg (JOB)
Home Phone: 8368635508	Work Phone: 9886618665	Cellular Phone:
Name: MAYANK KUMAR	Location: Patna	Profession: Job
Home Phone: 7766661369	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Bandana Kumari	Relationship: Wife	
Home Phone: 9534043778 9534506263	Work Phone:	Cellular Phone:
Name: Nawal Prasad Sharma	Relationship: Father	
Home Phone: 9534506263	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: P. Sharma	Date Signed: 16/03/2022	