



Please provide the details of any of your friends		
Name: SHUBHRADEEP BHATTACHARYA	Location: KOLKATA	Profession: Amazon Seller Support
Home Phone:	Work Phone:	Cellular Phone: 8777210481
Name: RABIDIPTO DAWN	Location: KOLKATA	Profession: IT Engineer.
Home Phone:	Work Phone:	Cellular Phone: 9830740548
Name: PARANTAPA BHATTACHARJEE	Location: KOLKATA	Profession: Programmers Analyst Trainee
Home Phone:	Work Phone:	Cellular Phone: 9163020653
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: TIMIR BARAN PAUL	Relationship: FATHER	
Home Phone:	Work Phone:	Cellular Phone: 8017754840
Name: JUTHIKA PAUL	Relationship: MOTHER	
Home Phone	Work Phone	Cellular Phone: 7595957973
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: <u>Kaustav Paul</u>		Date Signed: 04/12/2020