

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Gopi Karmakar	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 03/07/1993
Current Address: 11/33 Netaji Nagar, Kolkata, 700092		City: State: Kolkata, WB
Permanent Address: Jamutand, PO kankomath, 828113		City: State: Dhanbad, Jharkhand
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Thakur Dayal Karmakar		Relationship: Father
Phone: +919263455744	Address: Jamutand, PO Kankomath, Dhanbad	
Name: Santosh Karmakar		Relationship: Brother
Phone: +918709688589	Address: Jamutand, PO Kankomath, Dhanbad	
Name: Kajal Kumari		Relationship: Wife
Phone: +919341260814	Address: Jamutand, PO kankomath, Dhanbad	
Name: Pavan Karmakar		Relationship: Brother
Phone: 6201132639	Address: Jamutand, PO kankomath, Dhanbad	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	

Please provide the details of any of your friends		
Name: Mantosh Kumar Mandal	Location: Dhanbad	Profession: Bank Employee
Home Phone: +916203817393	Work Phone:	Cellular Phone: +916203817393
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Thakur Dayal Karmakar	Relationship: Father	
Home Phone: +919263455744	Work Phone:	Cellular Phone: +919263455744
Name: Santosh Karmakar	Relationship: Brother	
Home Phone +918709688589	Work Phone	Cellular Phone: +918709688589
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>Gopi Karmakar</i>		Date Signed: 18/03/2026