

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

I. GENERAL INFORMATION

Employee Name: SHANTANU CHAKRABORTY	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 22/10/1996
--	--	---------------------------

Current Address: LIVING POINT PG C-28 SECTOR-61, NOIDA	City: NOIDA	State: U.P
---	-------------	------------

Permanent Address: @no 3332 SECTOR 2 TYPE 3 V.F.J ESTATE, JABALPUR	City: JABALPUR	State: M.P
---	----------------	------------

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

Name: MADHUMITA CHAKRABORTY	Relationship: MOTHER
-----------------------------	----------------------

Phone: 7649837411	Address: @no 3332 SECTOR 2 TYPE 3 V-F-J ESTATE, JBP
-------------------	--

Name: MRINAL KANTI CHAKRABORTY	Relationship: MATERNAL UNCLE
--------------------------------	---------------------------------

Phone: 9425868362	Address:
-------------------	----------

Name:	Relationship:
-------	---------------

Phone:	Address:
--------	----------

Name:	Relationship:
-------	---------------

Phone:	Address:
--------	----------

Name:	Relationship:
-------	---------------

Phone:	Address:
--------	----------

Name:	Relationship:
-------	---------------

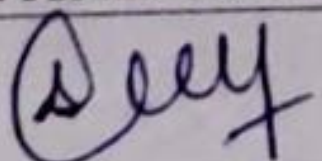
Phone:	Address:
--------	----------

Name:	Relationship:
-------	---------------

Phone:	Address:
--------	----------

Name:	Relationship:
-------	---------------

Phone:	Address:
--------	----------

Please provide the details of any of your friends		
Name: KOMILA CHOUDHARY	Location: DELHI	Profession: DOCTOR
Home Phone:	Work Phone:	Cellular Phone: 9352037988
Name: SAPEKSH PANDEY	Location: JABALPUR	Profession: STUDENT
Home Phone:	Work Phone:	Cellular Phone: 8770121979
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: MADHUMITA CHAKRABORTY	Relationship: MOTHER	
Home Phone:	Work Phone:	Cellular Phone: 7649837411
Name: MK CHAKRABORTY	Relationship: MATERNAL UNCLE	
Home Phone	Work Phone	Cellular Phone: 9109498362
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: 	Date Signed: 25/7/22	