

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

Employee Name: ALOK SINGH KUSHWAHA	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 10/07/1999
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Current Address:	City: _____ State: _____
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Permanent Address: V- PARAMANANDPUR, P-MANPUR D-GHAZIPUR, S-U.P., Pin-233305	City: GHAZIPUR State: U.P.
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Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: PANNA SINGH KUSHWAHA	Relationship: FATHER
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Phone: 9918916273	Address: V- PARAMANANDPUR, P-MANPUR D-GHAZIPUR UP.
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Name: BAMKESH KUMAR MAURYA	Relationship: BROTHER
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Phone: 7068818080	Address: V- PARAMANANDPUR, P-MANPUR D-GHAZIPUR, UP.
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Name: ANITYANGINEE KUSHWAHA	Relationship: SISTER
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Phone: 8604323231	Address: V- PARAMANANDPUR, P-MANPUR D-GHAZIPUR UP.
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Name: PRAMCHANDRA KUSHWAHA	Relationship: BROTHER
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Phone: 8423043378	Address: V- PARAMANANDPUR, P-MANPUR D-GHAZIPUR UP.
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Name: VINOD KUSHWAHA	Relationship: MAMA JJ
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Phone: 7683026670	Address: V&P-JASDEV PUR, D-GHAZIPUR U.P.
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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: RAHUL KADAV	Location: JANGIPUR.	Profession: CULTIVATE
Home Phone:	Work Phone:	Cellular Phone: 7905571477
Name: SJDDHARTHA KUMAR	Location: PRAYAGRAJ	Profession: PRIVATE JOB.
Home Phone:	Work Phone:	Cellular Phone: 8896403524
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name:	Relationship:	
Home Phone:	Work Phone:	Cellular Phone:
Name:	Relationship:	
Home Phone	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: <i>Alok Singh</i>		Date Signed: <i>13/09/2024</i>