

# Accenture Employee and Contractor

# Contact Details

The purpose of this form is to collate your contact information for the duration of the project. The information in this form will be available to the course faculty and delegates. The fields marked with an asterisk (\*) are mandatory. You are required to provide at least **one** contact point where you can be reached outside of normal working hours.

Name: SOMNATH MUKHERJEE

Preferred Name (How you wish to be addressed): SOM

Title (Mr, Mrs, Ms, Dr etc.): Mr.

nterprise ID (Accenture email and Lync): somnath.b.mukherjee@accenture.com

Personnel Number: 11286320

Company: Accenture

Cell/Mobile Number: 8584998052

Home/Hotel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑

Non-Accenture email: [aviksomju@gmail.com](mailto:aviksomju@gmail.com) ⌧

*Please place a tick in one of the three boxes above to indicate your preferred communication method.*

**Other Contacts:**

Emergency Contact (Name and Number): SANKAR NATH MUKHERJEE 9831941282

Line Manager (Name and Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Representative (Name and Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: 21 October 2016