In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.		
I. GENERAL INFORMATION			
Employee Name: VALLURI SURES H	Gender: M ☑ F□	Date of Birth: 07/05/1991	
Current Address: AT: Khairpall, Por Larosara, Pln: 768027 City: Bargarh State: 0318ho			
Permanent Address: AT: Khairpali, Po:-Larasara, Pin: 768027		City: Bargarh State: odisha	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: VALLURI KAMA RAJU		Relationship: FATHER	
Phone: 91782552345	Address: AT: Khairpali, po!-Larasara, Pln: 768027, Odisha		
Name: VALLURI SESHA RATHIVAM	U-1815-7	Relationship: MOTHER	
Phone: 9178552345	Address: AF: -Khairpali, po: Larasara, pin: 768027, Odisha		
Name:	1 0100	Relationship:	
Phone:	Address:		
Name:	#/	Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship	
Phone	Address:		
Name:		Relationship:	
Phone:	Address:		

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Please provide the details of any of your friends			
Name: VALLURI SATISH	Location: Khair pali	Profession: Business	
Home Phone: 8249783293	Work Phone: 8249783293	Cellular Phone:	
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: VALLURI KAMARAJU	Relationship: FATHER		
Home Phone: 9178552345	Work Phone: 9178552345	Cellular Phone:	
Name: N. WANI	Relationship: SISter		
Home Phone 9337441330	Work Phone 933744133∂	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: V.Sunesh		Date Signed: 22/11/2021	