


[illegible]

Please provide the details of any of your friends		
Name: J.ARUNKUMAR	Location: Rajapalayam	Profession: TEST ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 7708787181
Name: SENTHIL KUMAR	Location: Rajapalayam	Profession: Engineer
Home Phone:	Work Phone:	Cellular Phone: 8056556262
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: K.SEENIAMMAL	Relationship: MOTHER	
Home Phone:	Work Phone:	Cellular Phone: 7418407168
Name: PONVEL DIVYA DEVI	Relationship: WIFE	
Home Phone	Work Phone	Cellular Phone: 9597580894
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: 19-12-2023