In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.		
I. GENERAL INFORMATION			
Employee Name: K.KALIMUTHU	Gender: M ☑ F □	Date of Birth: 20/05/1994	
Current Address: HELEN PREMA,NO.1,11TH HONGASANDRA,K.C.HALLY	MAIN,11TH CROSS, Y,BANGALORE	City:Bangalore State:Karnataka	
Permanent Address: 62A 23/2,KASI RAJA NADAR STREET CHETTIYARPATTI,RAJAPALAYAM(TK), VIRUDHUNAGAR(DT)-626122		City:Rajapalayam State:Tamilnadu	
Please provide your Family		lings, Spouse etc.)	
Name: K.SEENIAMMAL		Relationship: MOTHER	
Phone: 7418407168	CHETTIYAR	SI RAJA NADAR STREET PATTI,RAJAPALAYAM(TK), NGAR(DT)-626122	
Name: PONVEL DIVYA DEVI		Relationship: WIFE	
Phone: 9597580894	CHETTIYAR	SI RAJA NADAR STREET PATTI,RAJAPALAYAM(TK), AGAR(DT)-626122	
Name: K.AAKASH		Relationship: SON	
Phone: 9597580894	Address: 62A 23/2,KAS CHETTIYARF VIRUDHUNA	BI RAJA NADAR STREET PATTI,RAJAPALAYAM(TK), GAR(DT)-626122	
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship	
Phone	Address:	I	
Name:	1	Relationship:	
Phone:	Address:	I	

Please provide the details of any of your friends			
Name:	Location:	Profession:	
J.ARUNKUMAR	Rajapalayam	TEST ENGINEER	
Home Phone:	Work Phone:	Cellular Phone: 7708787181	
Name:	Location:	Profession:	
SENTHIL KUMAR	Rajapalayam	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	