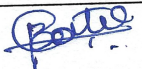


<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>		
Employee Name: <b>Basagouda. B. Patil</b>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <b>09/09/2003</b>
Current Address: <b># Bayaveswan nagan 11th main 10th cross Bengaluru</b>	City:	State: <b>Bengaluru Karnataka</b>
Permanent Address: <b>At: Beniwad Tq:- Hukkeri Dist: Belagavi</b>	City:	State: <b>Hukkeri Karnataka</b>
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: <b>Bhimagouda B. Patil</b>	Relationship: <b>Father.</b>	
Phone: <b>9980735063</b>	Address: <b>At / Beniwad Tq / Hukkeri dist / Belagavi</b>	
Name: <b>Sukhadevi . B. Patil</b>	Relationship: <b>Mother.</b>	
Phone: <b>9980735063</b>	Address: <b>At / Beniwad Tq / Hukkeri dist / Belagavi</b>	
Name: <b>B. Anirupad . B. Patil</b>	Relationship: <b>Brother.</b>	
Phone: <b>9731789181</b>	Address: <b>At / Beniwad Tq / Hukkeri dist / Belagavi</b>	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	



Please provide the details of any of your friends		
Name: Lagamanna Hagedum	Location: Beniwad	Profession: Engineer.
Home Phone: 6361470837	Work Phone:	Cellular Phone:
Name: Vivek Patil	Location: Beniwad	Profession: Bank worker
Home Phone: 9741060282	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Nirupad. B. Patil	Relationship: Brother.	
Home Phone: 9731789181	Work Phone:	Cellular Phone:
Name: Jagadeeshgouda	Relationship: Brother	
Home Phone 9902026286	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: 		Date Signed: 12/12/2025