

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: Basagouda. B. Patil	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 09/09/2003	
Current Address: # Bayaveshwar nager 11th main 10th cross Bengaluru		City: Bengaluru State: Karnataka	
Permanent Address: At: Beniwad Tq:- Hulkeri Dist: Belagavi		City: Hulkeri State: Karnataka	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: Bhimagouda B. Patil		Relationship: Father	
Phone: 9988735063	Address: At / Beniwad Tq / Hulkeri dist / Belagavi		
Name: Sukhadeli. B. Patil		Relationship: Mother	
Phone: 9980735063	Address: At / Beniwad Tq / Hulkeri dist / Belagavi		
Name: B Alirupad . B . Patil		Relationship: Brother	
Phone: 9731789181	Address: At / Beniwad Tq / Hulkeri dist / Belagavi		
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: <i>Lagamanna Magadum</i>	Location: <i>Beniwad</i>	Profession: <i>Engineer.</i>
Home Phone: <i>6361470837</i>	Work Phone:	Cellular Phone:
Name: <i>Vivek Patil</i>	Location: <i>Beniwad</i>	Profession: <i>Bank worker</i>
Home Phone: <i>9741060282</i>	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: <i>Nirupad. B. Patil</i>	Relationship: <i>Brother.</i>	
Home Phone: <i>9731789181</i>	Work Phone:	Cellular Phone:
Name: <i>Jagadeeshgouda</i>	Relationship: <i>Brother</i>	
Home Phone <i>9902026286</i>	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: <i>Patil</i>	Date Signed: <i>12/12/2025</i>	