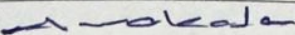


In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: MANIKANDAN		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 14/11/1986
Current Address: FLAT NO: 301, SBIRIS APARTMENT, FRIENDS LAYOUT, SEEGEHALLI, K.R.PURAM - 560049		City: BENGALURU State: KARNATAKA	
Permanent Address: SAME AS CURRENT ADDRESS		City: State:	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: SINDHUJA		Relationship: SPOUSE	
Phone: 9940910094		Address: SAME AS CURRENT ADDRESS	
Name: ANANDARAJ		Relationship: FATHER	
Phone: 9894240862		Address: SAME AS CURRENT ADDRESS	
Name: MOHANAMBAL		Relationship: MOTHER	
Phone: 8838116346		Address: SAME AS CURRENT ADDRESS	
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: MUTHUKUMAR	Location: BENGALURU	Profession: ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 9894848504
Name: DOLLY REDDY	Location: BENGALURU	Profession: SW ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 9985667887
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: SINDHUSA	Relationship: SPOUSE	
Home Phone:	Work Phone:	Cellular Phone: 9940910094
Name:	Relationship:	
Home Phone	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: 26/05/2025