In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name: ANANDH·M	Gender: M ☑ F ☐	Date of Birth: 21/06/1991
Current Address: No·4, ESWARI NAGAR, THIRUNAGAR, MADURAI - 625006	City: MADURAI	State: TAMILNADU
Permanent Address: No·4, ESWARI NAGAR, THIRUNAGAR, MADURAI - 625006	City: MADURAI	State: TAMILNADU

Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: T. SAROJA		Relationship: MOTHER
Phone: 9787274188	Address: No·4, ESWARI NAGAR, THIRUNAGAR, MADURAI.	
Name: P·SWETHA		Relationship: SPOUSE
Phone: 6379883346	Address: No·4, ESWARI NAGAR, THIRUNAGAR, MADURAI.	
Name: P·ALLWYN		Relationship: COUSIN
Phone: 9865984973	Address: 15-5, TEMCY COLONY, 2ND CROSS STREET, VILANGUDI, MADURAI.	
Name: P·PANDI		Relationship: UNCLE
Phone: 9865984971	Address: 15-5, TEMCY COLONY, 2ND CROSS STREET, VILANGUDI, MADURAI.	
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: A. VIVEK	Location: MADURAI	Profession: BUSINESS
Home Phone:	Work Phone:	Cellular Phone: 8667099114
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT		
Name: P. SWETHA	Relationship: SPOUSE	
Home Phone:	Work Phone:	Cellular Phone: 6379883346
Name: T. SAROJA	Relationship: MOTHER	
Home Phone	Work Phone	Cellular Phone: 9787274188
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: M. Anandh	Date Signed: 01-06-2024