

In Case of Emergency Form

It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name: ARUMUGAM. S Gender: M ☒ F ☐ Date of Birth: 04-01-1989

Current Address: No.40, 14th B cross 6 block Rajajinagar Bangalore. City: Bangalore State: Karnataka

Permanent Address: No.85, Thadhakullalur village Thoranampathy, Tirupattur City: Tirupattur State: Tamil Nadu

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

Name: ANITHA. S Relationship: SPOUSE

Phone: 7019973840 Address: No.40, 14th B cross 6 Block Rajajinagar Bangalore.

Name: SELVAMANI. G Relationship: FATHER

Phone: 9585611827 Address: No.85, Thadhakullalur village Thoranampathy, Tirupattur

Name: MENAKA Relationship: MOTHER

Phone: 9342653576 Address: No.85 Thadhakullalur village Thoranampathy, Tirupattur.

Name: KUMAR. S Relationship: BROTHER.

Phone: 7200006844 Address: No. 85, Thadhakullalur Village Thoranampathy, Tirupattur - 635602

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: SELVAN.S	Location: BANGALORE	Profession: ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 87226 69652
Name: HARISH.R	Location: BANGALORE	Profession:
Home Phone:	Work Phone:	Cellular Phone: 78929 80248
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

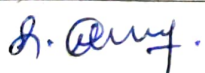
IN CASE OF EMERGENCY PLEASE CONTACT

Name: ANITHA.S	Relationship: WIFE	
Home Phone:	Work Phone:	Cellular Phone: 709973840
Name: SHANMUGAM.G.	Relationship: FATHER IN LAW	
Home Phone	Work Phone	Cellular Phone: 90086 25238
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: 20.11.2021
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