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

I. GENERAL INFORMATION

Employee Name: R.MUNIYANDI	Gender: M ☑ F ☐	Date of Birth: 08.11.1994
Current Address: 16C EAST STREET MIDDLE LANE THIRUPARANKUNDRAM MDU 625005		City: MADURAI State: TAMIL NADU
Permanent Address: 16C EAST STREET MIDDLE LANE THIRUPARANKUNDRAM MDU-625005		City: MADURAI State: TAMIL NADU

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

Name: M.RAVI		Relationship: FATHER
Phone: 9342188O7	Address: 16C EAST STREET, MIDDLE LANE THIRUPARANKUNDRAM MDU-5	
Name: R.THAVAM		Relationship: MOTHER
Phone: 9655483063	Address: SAME ADDRESS	
Name: R.VASANTH		Relationship: BROTHER
Phone: 7094978420	Address: SAME ADDRESS	
Name: M.ANITHA		Relationship: SPOUSE
Phone:	Address:	
Name: M.DHAYAZHINI		Relationship: DAUGHTER
Phone:	Address:	
Name: M.AARUDHRAN		Relationship: SON
Phone:	Address:	
Name:		Relationship
Phone	Address:	
Name:		Relationship:
Phone:	Address:	

Please provide the details of any of your friends		
Name: G.ARUN	Location: MADURAI	Profession: MEDICAL BILLING
Home Phone: 8870785594	Work Phone:	Cellular Phone:
Name: R.VASANTH	Location: MADURAI	Profession: AIRPORT
Home Phone: 7094978420	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT		
Name: M.RAVI	Relationship: FATHER	
Home Phone: 934218807	Work Phone:	Cellular Phone:
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: 03-01-2025