



In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: Arunkumar. J		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 08-02-1994
Current Address: No.6. 2nd floor, Venkateshwara old building, VP main road, BTM 1st Stage, Bangalore-560068		City: Bangalore State:Karnataka	
Permanent Address: D/No. 11, Solaimalai nadar street, Muhavoor, Rajapalayam(Tk), Virudhunagar, TN-626111		City: Rajapalayam State:Tamilnadu	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: A. Jegatheesan		Relationship: Father	
Phone: 8056324836	Address: D/No. 11, Solaimalai nadar street, Muhavoor, Rajapalayam(Tk), Virudhunagar, TN-626111		
Name: J. Vijayalakshmi		Relationship: Mother	
Phone: 9942587975	Address: D/No. 11, Solaimalai nadar street, Muhavoor, Rajapalayam(Tk), Virudhunagar, TN-626111		
Name: J. Annamalai samy		Relationship: Brother	
Phone: 9976619840	Address: D/No. 11, Solaimalai nadar street, Muhavoor, Rajapalayam(Tk), Virudhunagar, TN-626111		
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: K. Kalimuthu	Location: Rajapalayam	Profession: Business
Home Phone:	Work Phone:	Cellular Phone:
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: A. Jegatheesan	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 8056324836
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:  6/11/20