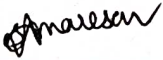


In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: AMARESAN SIVALINGAM		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 22/01/1991
Current Address: M.I.G. 513, KATTIGANAPALLI (PO) KRISHNAGIRI Indl. ESTATE, KRISHNAGIRI, TN-635002		City: KRISHNAGIRI	State: TAMIL NADU
Permanent Address: 78/ BANNI HALLI (P), KRISHNAGIRI - 635106		City: KRISHNAGIRI	State: TAMIL NADU
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: SIVALINGAM.C		Relationship: FATHER	
Phone: 7010870993	Address: 78/ BANNI HALLI (P), KRISHNAGIRI - 635106		
Name: SARAVANAN.S		Relationship: BROTHER	
Phone: 9786760673	Address: 78/2, BANNI HALLI (P), KRISHNAGIRI - 635106.		
Name: KATHIRVEL.S		Relationship: BROTHER	
Phone: 7373196550	Address: 78/3, BANNI HALLI (P), KRISHNAGIRI - 635106		
Name: RAMACHANDRAN.S		Relationship: BROTHER	
Phone: 9025307760	Address: 78/ BANNI HALLI (V), KRISHNAGIRI - 635106.		
Name: VIJAY.S		Relationship: BROTHER	
Phone: 9025154656	Address: 78/ BANNI HALLI (V) KRISHNAGIRI - 635106		
Name: HARSHINI SUBRAMANIAN		Relationship: WIFE	
Phone: 9488557668	Address: M.I.G. 513, KATTIGANAPALLI, KRISHNAGIRI Indl. ESTATE, KRISHNAGIRI - 635002		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		

Please provide the details of any of your friends		
Name: KAVIARASU, C	Location: KRISHNA - GIRI	Profession: GUEST LECTURER
Home Phone:	Work Phone:	Cellular Phone: 9500638733
Name: ARUNKUMAR, A	Location: KRISHNAGIRI	Profession: LECTURER
Home Phone:	Work Phone:	Cellular Phone: 9787130026
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: HARSHINI SUBRAMANIAN	Relationship: WIFE	
Home Phone:	Work Phone:	Cellular Phone: 9488557668
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: 13/03/2024