In Case of Emergency Form	: (CONTROL OF A PROPERTY CONTROL OF A PROPE	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GR	ENERAL INFORMATION	ı	
Employee Name: JAISURYA	Gender: M ☐ F ☐	Date of Birth: 18/09/2002	
Current Address: 896, MARVTHI MACIAR, AMMAPET, SALEM -636003		City: State: SALEM TAMILNADO	
Permanent Address: 896, MARUTHI, NAYAR,		City: State:	
AHMAPET, SALEM - 636003.		SACEM TAMICNADO	
Please provide your Family Details (Parents, Sib			
Name: KANNAN		Relationship: FATHER	
Phone: 9629379382		MARUTHI MAYAR, SALEM-636003	
Name: PREMA		Relationship: MOTHER	
Phone: 9443029128		MARUTHI NAUAR, SALEM- 636003	
Name: JAISHREE		Relationship: SISTER	
Phone: 8778179567		HARUTH NAYAR, SALEM - 636003.	
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship	
Phone	Address:		
Name:		Relationship:	
Phone:	Address:		

Please provide the	e details of any of you	ur friends
Name: PRASHAN7H	Location:	Profession:
Home Phone: 6383451119	Work Phone:	Cellular Phone:
Name: DHARANI	Location:	Profession:
Home Phone: 7339091744	Work Phone:	Cellular Phone:
Name: ISHWARIYA	Location:	Profession: WORK
Home Phone: 9786355654	Work Phone:	Cellular Phone:
IN CASE OF EM	ERGENCY PLEASE CO	NTACT
Name: LANNAN	Relationship: FATHER	
Home Phone: 9629379382	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 include the reason of medication:	g (prescription and ov	er the counter). If necessary
List allergies to medicine, food or othe physical impairments and assistive de attach documentation is necessary:	r allergens, and any m vices, that emergency	nedical information such as personal need to be aware of,
II. SIGNATURE AND CONSEN	r for emergency M	MEDICAL TREATMENT
Employee Signature: K.Jaa		Date Signed: 01.06.24