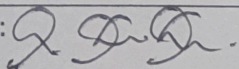


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: R. KARTHIKEYAN	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 20-07-1990
Current Address: 245B, RASIKUMARIPALAYAM STREET, MOHANUR, NAMAKKAL - 637015	City: NAMAKKAL State: TAMILNADU	
Permanent Address: 245B, RASIKUMARIPALAYAM STREET, MOHANUR, NAMAKKAL - 637015	City: NAMAKKAL State: TAMILNADU	
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: S. RAJASEKARAN	Relationship: FATHER	
Phone: 9003474480	Address: 245B, RASIKUMARIPALAYAM STREET, MOHANUR, NAMAKKAL - 637015	
Name: J. VIJAYA	Relationship: MOTHER	
Phone: 9865647293	Address: 245B, RASIKUMARIPALAYAM STREET, MOHANUR, NAMAKKAL - 637015	
Name: R. AGILA	Relationship: SISTER	
Phone: 8870897811	Address: 245B, RASIKUMARIPALAYAM STREET, MOHANUR, NAMAKKAL - 637015	
Name: R. VINODHINI	Relationship: WIFE	
Phone: 9003669607	Address: 245B, RASIKUMARIPALAYAM STREET, MOHANUR, NAMAKKAL - 637015	
Name: R. VIKRAM	Relationship: BROTHER - IN-LAW	
Phone: 9488815592	Address: IT8/1, KURUVAREDDIYUR, THUMBIPADI (P.O), SALEM - 636305.	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

Please provide the details of any of your friends		
Name: S. SUDHARSHAN	Location: MADURAI	Profession: ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 9655113536
Name: M. SASIKUMAR	Location: MADURAI	Profession: ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 9791525510
Name: B. SATHEESH KUMAR	Location: TRICHY	Profession: NETWORK ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 9677232731
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: R. VINODHINI	Relationship: WIFE	
Home Phone:	Work Phone:	Cellular Phone: 9003669607
Name: S. RAJASEKARAN	Relationship: FATHER	
Home Phone:	Work Phone:	Cellular Phone: 9003474480
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: NA		
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: NA		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 		Date Signed: 22/04/2023