

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: KARTHICK CHANDRASEKARAN		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 09/06/1993
Current Address: 5-506 J, 3 rd SE BAY, MEENAKSHI NAGAR MANGALAM, TIRUPPUR, TN-641663		City:	State:
Permanent Address:		City:	State:
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: CHANDRASEKARAN . V		Relationship: FATHER	
Phone: 7708160342	Address: 5-506 J, Meenakshi Nagar, Mangalam, Tiruppur - 641663		
Name: MAHALAKSHMI . C		Relationship: MOTHER	
Phone: 9994456081	Address: 5-506 J, Meenakshi Nagar Mangalam, Tiruppur - 641663		
Name: GAYATHRI . B		Relationship: SPOUSE	
Phone: 9043179887	Address: 5-506 J, Meenakshi Nagar Mangalam, Tiruppur - 641663		
Name:		Relationship:	
Phone:	Address:		
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: JAYA PRAKASH	Location: TIRUPPUR	Profession: BUSINESS
Home Phone:	Work Phone:	Cellular Phone: 9500214704
Name: NANDHA KUMAR.	Location: TIRUPPUR	Profession: BUSINESS
Home Phone:	Work Phone:	Cellular Phone: 9942042006
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: CHAYATARI B	Relationship: SPOUSE	
Home Phone: 9043179887	Work Phone:	Cellular Phone: 9994456081
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: <i>[Signature]</i>		Date Signed: 02/07/2024