

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: <u>V. Vign Kumar</u>	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <u>21-12-1999</u>
Current Address: <u>14, ROSARY Church St Joseph Colony, Mayilapute - 600004</u>	City: <u>Rajahmundry</u>	State: <u>Andhra Pradesh</u>
Permanent Address: <u>RAJAHMUNDRY, Coconut Market STADIUM ROAD, Rtg, 53101</u>	City:	State:
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: <u>V. BHAKTA THI</u>	Relationship: <u>Mother</u>	
Phone: <u>9989996546</u>	Address: <u>RAJAHMUNDRY, Coconut Market STADIUM ROAD, Rtg, 533101</u>	
Name: <u>RAJA</u>	Relationship: <u>MAYA</u>	
Phone: <u>9994645769</u>	Address:	
Name:	Relationship:	
Phone:	Address:	
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:	Location:	Profession:
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: V. BHAKATHI	Relationship: MOTHER.	
Home Phone: 9989996546 8247242256	Work Phone:	Cellular Phone: 9989996546
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: V. Vinay Kumar		Date Signed: 14-4-2025