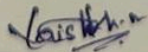


In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: VAISHAKH M	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 02/10/2000
Current Address: D'Sports City Trivandrum, Edavilakom Rd, Kunnampuzha, Muukkumpuzha	City: Tvm State: Kerala	
Permanent Address: Vallyathue House Venmoney P.O Chengannur Alapuzha.	City: Alapuzha State: Kerala	
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Mudeedhasan Nair V.B	Relationship: Father	
Phone: 9656149142	Address: Vallyathue House Venmoney P.O Chengannur Alapuzha.	
Name: Deepa K Nair	Relationship: Mother	
Phone: 9605753406	Address: Vallyathue House Venmoney P.O Chengannur Alapuzha.	
Name: Keerthana. M	Relationship: Sister	
Phone: 7902721561	Address: Vallyathue House Venmoney P.O Chengannur Alapuzha.	
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: Keerthi	Location: Tum	Profession: BDM
Home Phone: 7994241174	Work Phone:	Cellular Phone:
Name: Ajay	Location: Tum	Profession: BDM
Home Phone: 8547100539	Work Phone:	Cellular Phone:
Name: Adarsh	Location: Tum	Profession: BDM
Home Phone: 7012039252	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Muralidharan Nair VB	Relationship: Father	
Home Phone: 9656143142	Work Phone:	Cellular Phone:
Name: Deepa K Nair	Relationship:	
Home Phone 9605753406	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: 11/02/2025