

<b>In Case of Emergency Form</b>		It is the responsibility of every employee to inform HR Department regarding any changes.
<b>I. GENERAL INFORMATION</b>		
Employee Name: <u>K. Umapathi</u>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <u>31/10/2002</u>
Current Address: <u>GD, Ramaniyam Shardhanjali Apartment, Jayaraman Street, Thiruvarambura</u>		City: <u>Chennai</u> State: <u>Tamil Nadu</u>
Permanent Address: <u>14, Vallalar Street, Ammapettai, Chidambaram</u>		City: <u>Chidambaram</u> State: <u>Tamil Nadu</u>
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: <u>J. Kumar</u>		Relationship: <u>Father</u>
Phone: <u>9750 230933</u>	Address: <u>14, Vallalar Street, Ammapettai, Chidambaram</u>	
Name: <u>Shammugavadiaru .K</u>		Relationship: <u>Mother</u>
Phone: <u>6369 811230</u>	Address: <u>14, Vallalar Street, Ammapettai, Chidambaram</u>	
Name: <u>K. Maha Lakshmi</u>		Relationship: <u>Younger Sister</u>
Phone: <u>8667089612</u>	Address: <u>14, Vallalar Street, Ammapettai, Chidambaram</u>	
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: Rohit	Location: Chennai	Profession: Quality Engineer
Home Phone:	Work Phone:	Cellular Phone: 9940546419
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: Kumar. S	Relationship: Father	
Home Phone:	Work Phone:	Cellular Phone: 9750230933
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: K. umapathi		Date Signed: 31/10/2023