


In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name:		Gender: <b>Male</b> M <input type="checkbox"/> <input type="checkbox"/>	Date of Birth: 22-12-1991
Current Address: 199, Kurinjinagar, Seelanaickenpatti, Salem-636201		City: Salem State: Tamilnadu	
Permanent Address: 199, Kurinjinagar, Seelanaickenpatti, Salem-636201		City: Salem State: Tamilnadu	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: N. Guruvammal		Relationship: Mother	
Phone: 9345911894	Address: 199, Kurinjinagar, Seelanaickenpatti, Salem-636201		
Name: K.Dharani		Relationship: Spouse	
Phone: 7639784808	Address: 199, Kurinjinagar, Seelanaickenpatti, Salem-636201		
Name: P.Tamilbharathi		Relationship: Daughter	
Phone: Nill	Address: 199, Kurinjinagar, Seelanaickenpatti, Salem-636201		
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: A.Sanjeevkumar	Location: Dharmapuri	Profession: Telecom Engineer
Home Phone:	Work Phone:	Cellular Phone: 8883682801
Name: S.Prakash	Location: Salem	Profession: Physiotherapist
Home Phone:	Work Phone:	Cellular Phone: 8144674175
Name: K.Gowtham	Location: Salem	Profession: Student
Home Phone:	Work Phone:	Cellular Phone: 9159341575
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: K.Dharani	Relationship: Spouse	
Home Phone:	Work Phone:	Cellular Phone: 7639784808
Name: S.Prakash	Relationship: Cousin	
Home Phone	Work Phone	Cellular Phone: 8144674175
Preferred Hospital: Dharan Hospital		
Physician's Name: Nill	Specialist Name: Nill	Dentist Name: Nill
Phone: Nill	Phone: Nill	Phone: Nill
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication: Nill		
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: Nill		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 		Date Signed: 26-12-2024