

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.
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I. GENERAL INFORMATION

Employee Name: Revu Bharath kumar	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 14/06/2004
Current Address:	City:	State:
Permanent Address: mandal west god dist A.P 3142, chintarevu, mutyalapalli, mogattur	City: Narsapuram	State: pradesh Andhra -
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Revu purga prasad	Relationship: Sibling	
Phone: 7036993896	Address: 3142 chintarevu, mutyalapalli mogattur mandal west god dist A.P	
Name: Revu srinu	Relationship: Father	
Phone: 9908515824	Address: 3142, chintarevu, mutyalapalli, mogattur mandal west god dist A.P	
Name: Revu Venkateswaramma	Relationship:- mother	
Phone: 9908515824	Address: 3142, chintarevu, mutyalapalli, mogattur, mandal west god dist A.P	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

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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:	Relationship:	
Home Phone:	Work Phone:	Cellular Phone:
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>R. Bharath Kumar.</i>		Date Signed: