


<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:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:02-08-1994
Current Address:P.NO A-68, Road No.2 Green Park Colony, Karmanghat		City: Hyderabad State: Telangana
Permanent Address: H.No 1-6-53/4, Zirayath nagar, Armoor, Nizamabad. 503224		City: Armur State: Telangana
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: T. VAISHNAVI		Relationship: SPOUSE
Phone: 8464981415	Address: H.No 1-6-53/4, Zirayath nagar, Armur, Nizamabad. 503224	
Name: G NARSAIAH		Relationship: FATHER
Phone: 9948229583	Address: H.No 1-6-53/4, Zirayath nagar, Armoor, Nizamabad. 503224	
Name: G VIJAYA		Relationship: MOTHER
Phone: 6303556097	Address: H.No 1-6-53/4, Zirayath nagar, Armoor, Nizamabad. 503224	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship:
Phone:	Address:	

<b>Please provide the details of any of your friends</b>		
Name: T SRIKANTH	Location: HYDERABAD	Profession: MEDICAL REPRESENTATIVE
Home Phone: 9032712607	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
<b>IN CASE OF EMERGENCY PLEASE CONTACT</b>		
Name: T SRIKANTH	Relationship: COUSINE	
Home Phone: 9032712607	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:		
<b>II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT</b>		
 : Signature:		Date Signed: 21-03-2026