

<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: B.P.Naga Satya Sai	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 03-05-2004
Current Address:	City:	State:
Permanent Address:	City:	State:
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: Bandaru Naga Dhana Raju	Relationship: Father	
Phone: 9390538899	Address:	
Name: Bandaru Rama Tulasi	Relationship: Mother	
Phone: 7306481333	Address:	
Name: M. Dorababu	Relationship: Uncle	
Phone: 9398120231	Address:	
Name: N. Mohan	Relationship: Uncle	
Phone: 8919114208	Address:	
Name: M. Subramanyam	Relationship: Uncle	
Phone: 9963271753	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

**Please provide the details of any of your friends**

Name: <b>I. Hemanth</b>	Location: <b>Hyderabad</b>	Profession: <b>Job</b>
Home Phone: <b>9133373616</b>	Work Phone:	Cellular Phone:
Name: <b>B. Arjun</b>	Location: <b>Hyderabad</b>	Profession: <b>Job</b>
Home Phone: <b>6302774525</b>	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

**IN CASE OF EMERGENCY PLEASE CONTACT**

Name: <b>M. Dorababu</b>	Relationship: <b>Uncle</b>	
Home Phone: <b>9398120231</b>	Work Phone:	Cellular Phone:
Name: <b>B. Dhana Raju</b>	Relationship: <b>Father</b>	
Home Phone: <b>9390538899</b>	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: <b>B.P.N. [Signature]</b>	Date Signed: <b>2/5/2025</b>
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