

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: A. Sai Krishna		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 08-05-1997
Current Address: 5/239/5, near Insmart systems, HP Road, Bhavani Nagar, Madhapet, Hyderabad 500018		City: Hyderabad	State: Telangana Ranga Reddy
Permanent Address: D.No. 1-40A, near Elementary school, Chakrayallem, Kollipala mandal, Guntur district 522301		City: Chakrayallem	State: Andhra Pradesh
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: A. Jagam Mohan Rao		Relationship: Father	
Phone: 9381382817	Address: 1-40A, near Elementary school, Chakrayallem, Kollipala mandal, Guntur district A.P 522301		
Name: A. Lakshmi Veeramma		Relationship: Mother	
Phone: 9014785847	Address: 1-40A, near Elementary school, Chakrayallem, Kollipala mandal, Guntur district A.P 522301		
Name: A. Vamsi Krishna		Relationship: Brother	
Phone: 8328611733	Address: Ravaramma Nilayam, Plot no-101, Gopal Nagar, KPHB 9 th phase, Hyderabad 500049		
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: G. Pragasanna Kumar	Location: Hyderabad	Profession: Software Engineer
Home Phone:	Work Phone:	Cellular Phone: 93999 74499
Name: J. Hiranjan	Location: Hyderabad	Profession: Software Engineer
Home Phone:	Work Phone:	Cellular Phone: 8019946107
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT

Name: A. Vamsi Krishna	Relationship: Brother	
Home Phone:	Work Phone:	Cellular Phone: 8328611733
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: A. Sai Krishna	Date Signed: 08-07-2025
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