

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Gurlinka. Sravani	Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Date of Birth: 16/08/2004
Current Address: Sree Venkateswara Pg, Naraknaguda, Hyderabad, 533216	City: Hyderabad State: TS	
Permanent Address: 1-246, near Sai Baba temple, Reddipalli, Amalapuram	City: Amalapuram	State: A.P
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: G. Yesubabu	Relationship: Father's	
Phone: 9573610769	Address: 1-246, near Sai Baba temple, reddipalli, Amp	
Name: G. Veeraveni	Relationship: Mother's	
Phone: 8121375852	Address: 1-246, near Sai Baba temple, Amalapuram	
Name: G. Aditya Sai Pavan	Relationship: Brother's	
Phone: 7036763589	Address: 1-246, near Sai Baba temple, reddipalli, Amp	
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: Chittala. Vaishnavi	Location: Pativela	Profession:
Home Phone: 7702638898	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: G. Aditya Sai Pavan	Relationship: Brother	
Home Phone: 7036763589	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: G. Sravani	Date Signed: 02/06/2025	