

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: Pradeep Murugasamy	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 28-08-1993
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Current Address:	City: Erode	State: Tamilnadu
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Permanent Address: 52, Thottani chathiram, Erode, Tamilnadu- 638052	City:	State:
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Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: Murugasamy	Relationship: Father
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Phone: 9843147755	Address: 52, Thottani chathiram, Erode, Tamilnadu- 638052
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Name: Dhiyaneshwari	Relationship: Spouse
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Phone: 96773 95120	Address: 52, Thottani chathiram, Erode, Tamilnadu- 638052
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Name: Mahesh	Relationship: Brother
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Phone: 98430 47755	Address: 52, Thottani chathiram, Erode, Tamilnadu- 638052
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Please provide the details of any of your friends		
Name: Keerthi Kumar	Location: Bangalore	Profession: Test engineer
Home Phone: 8870726726	Work Phone:	Cellular Phone:
Name: Arun Sangar	Location: Chennai	Profession: Test engineer
Home Phone: 94883 51581	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Dhiyaneshwari	Relationship: wife	
Home Phone: 96773 95120	Work Phone:	Cellular Phone:
Name:	Relationship:	
Home Phone	Work Phone	Cellular Phone:
Preferred Hospital: SSS Hospital		
Physician's Name Sharath Vignesh	Specialist Name:	Dentist Name:
Phone: 80563 34244	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: 	Date Signed: 8-April-2021	