

Please provide the details of any of your friends

Name: S. Babu	Location: Aubur	Profession: Technician
Home Phone:	Work Phone:	Cellular Phone: +91-9629075300
Name: M. Moovethan	Location: Aubur	Profession: Manager
Home Phone:	Work Phone:	Cellular Phone: +91-8220667943
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

IN CASE OF EMERGENCY PLEASE CONTACT

Name: C. Balakrishnan	Relationship: Guardian	
Home Phone:	Work Phone:	Cellular Phone: +91-9865603199

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: 	Date Signed: 25-MAR-2026
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