

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Gopala Krishna Mankena	Gender: Male	Date of Birth 1994/11/25
Current Address: SF-4,B-Block, Greenary apartment. Plain street, Infantly road, Shivaji Nagar, Bengaluru -560001	City: Bangalore State: Karnataka	
Permanent Address: 1-111, Sanjeevapuram, A konduru, mandalm, Khambhampadu, Andhra Pradesh	City: Kambhpadu State: Andhra Prad	
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Mankena Vamsi Krishna	Relationship: Brother	
Phone: 6281907182	Address: Address: 1-111, Sanjeevapuram, A konduru, mandal Khambhampadu, Andhra Pradesh	
Name: Usha Rani	Relationship: Wifi	
Phone: 9392799969	Address: Address: 1-111, Sanjeevapuram, A konduru, mandal Khambhampadu, Andhra Pradesh	
Name:	Relationship:	
Phone:	Address:	
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: Srikanth	Location: Hyderaba	Profession: Test engineer
Home Phone:	Work Phone:	Cellular Phone: 7799877369
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: Usha Rani	Relationship: wifi	
Home Phone:	Work Phone:	Cellular Phone: 9392799969
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: Gopala Krishna Mankena

Date Signed: 03/17/2026