

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: G.V.V.S.S. Sai Ganesh	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 03/09/2004
Current Address: SLV Mens Hostel, Nanakramguda, Hyderabad, 500032.	City: Hyderabad State: TS	
Permanent Address: 10-49, Opposite Eminds School, Mummidiivaram, 533216	City: Mummidiivaram State: A.P	

Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: G. Veera Krishna Kumar	Relationship: Father	
Phone: 9346499482	Address: 10-49, Mummidiivaram, Konaseema, A.P, 533216	
Name: G. Durga Devi	Relationship: Mother	
Phone: 8247211833	Address: 10-49, Mummidiivaram, Konaseema, A.P, 533216	
Name: G. J. Vijaya Pavaneswar	Relationship: Brother	
Phone: 6281427358	Address: 10-49, Mummidiivaram, Konaseema, A.P, 533216	
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: B.N.S.S.V. Mahesh	Location: Amalapuram	Profession:
Home Phone: 9494129344	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: R. Harshitha	Relationship: friend	
Home Phone: 9398518780	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.V.S.S. Sai Ganesh	Date Signed: 02/06/2025	