In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name:	Gender: M ☑ F ☐	Date of Birth: 01st Oct 1987
Current Address: H.no: 6-48/10/77, Near PJR Stadium, Chanda nagar, HYD-500050		City: HYD State: TG
Permanent Address: H.no: 6-1-19, Near Khaman, Siddipet Pin: 502103		City: SIDDIPET State: TG
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: AITHA SRINIVAS		Relationship: FATHER
Phone: 9110718768	Address: H.no: 6-1-19, Near Khaman, Siddipet Pin: 502103	
Name: AITHA MEGHAMALA		Relationship: MOTHER
Phone: 9110718768	Address: H.no: 6-1-19, Near Khaman, Siddipet Pin: 502103	
Name: PEDDI SOUMYA		Relationship: WIFE
Phone: 9618612637	Address: H.no: 6-1-19, Near Khaman, Siddipet Pin: 502103	
Name: AITHA TANVI		Relationship: DAUGHTER
Phone:	Address: H.no: 6-1-19, Near Khaman, Siddipet Pin: 502103	
Name: AITHA SAVYANSH		Relationship: SON
Phone:	Address: H.no: 6-1-19, Near Khaman, Siddipet Pin: 502103	
Name:		Relationship:
Phone:	Address:	
Name:		Relationship
Phone	Address:	
Name:		Relationship:
Phone:	Address:	

Please provide the details of any of your friends		
Name: RAMU CHENNA	Location: HYD	Profession: SELF EMPLOYEE
Home Phone:	Work Phone:	Cellular Phone: 9533377789
Name: CHINTHA SHRAVAN	Location: NIZAMBAD	Profession: SELF EMPLOYEE
Home Phone:	Work Phone:	Cellular Phone: 9700083555
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: PEDDI SOUMYA	Relationship: WIFE	
Home Phone:	Work Phone:	Cellular Phone: 9618612637
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: SHRAVAN AITHA		Date Signed: 16/03/2026