

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION		
Employee Name: Rishyendra Gudimetla	Gender: Male M F	Date of Birth: 01/08/2003
Current Address: 1-31, Dechavaram, Nakarikallu, Guntur, 522603		City: Guntur State:Andhra Pradesh
Permanent Address: 1-31, Dechavaram, Nakarikallu, Guntur, 522603		City: Guntur State:Andhra Pradesh
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: Gudimetla Ramanjaneyulu		Relationship: Father
Phone: 9441405385	Address:1-31, Dechavaram, Nakarikallu, Guntur, 522603	
Name: Gudimetla Ramadevi		Relationship: Mother
Phone: NA	Address:1-31, Dechavaram, Nakarikallu, Guntur, 522603	
Name: Gudimetla Harendra		Relationship: Brother
Phone: 9182624993	Address:1-31, Dechavaram, Nakarikallu, Guntur, 522603	
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:	Location:	Profession:
Home Phone:	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: Gudimetla Ramanjaneyulu	Relationship:	
Home Phone:	Work Phone:	Cellular Phone:9441405385
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.Rishyendra

Date Signed:23/08/2025