

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: Anbu Perumal	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 15-05-1994
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Current Address: Old Flourmill rd, Horamavu Agara, Horamavu	City: Bangalore	State: Karnataka
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Permanent Address: 1-63, Manadalanayanagunda, Kandhili, Tirupattur-635901	City: Tirupattur	State: Tamil Nadu
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Please provide your Family Details (Parents, Siblings, Spouse etc.)

Name: Kiruthika	Relationship: Wife
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Phone: 9535656820	Address: 1-63, Manadalanayanagunda, Kandhili, Tirupattur-635901
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Name: Perumal	Relationship: Father
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Phone: 9500491217	Address: 1-63, Manadalanayanagunda, Kandhili, Tirupattur-635901
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Name: Anitha	Relationship: Sister
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Phone: 9384575018	Address: Chinnagoundanur, Velakalnatham
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Name: Anbalagan	Relationship: Father in Law
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Phone: 9629835416	Address: K Bandarapalli, Patchur
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Name:	Relationship:
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Phone:	Address:
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Please provide the details of any of your friends		
Name: Shankar	Location: Mandalanayanagunda	Profession: Self Employed
Home Phone:	Work Phone:	Cellular Phone: 8925430556
Name: Dhamothiran	Location: Mandalanayanagunda	Profession: Self Employed
Home Phone:	Work Phone:	Cellular Phone: 9788818285
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: A Kiruthika	Relationship: Wife	
Home Phone:	Work Phone:	Cellular Phone: 9535656820
Name: Perumal	Relationship: Father	
Home Phone	Work Phone	Cellular Phone: 9500491217
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: <i>P. Anbu</i>		Date Signed: 16-03-2024