

In Case of Emergency Form It is the responsibility of every employee to inform HR Department regarding any changes.

I. GENERAL INFORMATION

Employee Name: Jayendra Kumar L.A Gender: M F Date of Birth: 23/11/1990

Current Address: NO: 187, Pachaiyammankovil Street, Annai Sathya Nagar, Orikkai, Kancheepuram 631502 City: Kancheepuram State: Tamil Nadu.

Permanent Address: " City: " State: "

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

Name: Arul. L Relationship: Father

Phone: 9870475858 Address: NO: 187, Pachaiyammankovil Street, Annai Sathya Nagar, Orikkai, Kancheepuram 631502

Name: Renuka. S Relationship: Mother

Phone: 9566351287 Address: "

Name: Nandhini. D Relationship: Spouse

Phone: 7397162952. Address: "

Name: Relationship:

Phone: Address:

Name: Relationship:

Phone: Address:

Name: Relationship:

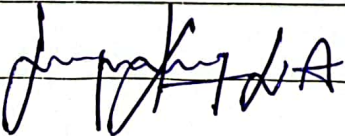
Phone: Address:

Name: Relationship:

Phone: Address:

Name: Relationship:

Phone: Address:

Please provide the details of any of your friends		
Name: Syed Namin	Location: Chennai	Profession: Senior Engineer
Home Phone:	Work Phone:	Cellular Phone: 9600599391
Name: Michun	Location: Kerala	Profession: Senior Engineer
Home Phone:	Work Phone:	Cellular Phone: 9605565871
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: Nandhini .D	Relationship: Spouse	
Home Phone:	Work Phone:	Cellular Phone: 7397462952
Name: Arul . L	Relationship: Father	
Home Phone	Work Phone	Cellular Phone: 8870475858
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: 		Date Signed: 29/01/2023