

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 <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 19/06/2001
Current Address: Pashamvaasi Palli, Panchupadu Madanapalle, Chittoor		City: Madanapalle State: AP
Permanent Address:		City: State:
Please provide your Family Details (Parents, Siblings, Spouse etc.)		
Name: P. Kesava Reddy		Relationship: Father
Phone: 8309897201	Address:	
Name: P. Suguna		Relationship: Mother
Phone: 9000402526	Address:	
Name: P. Harshaveena		Relationship: Sister
Phone:	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: Purushotham	Location: Bengaluru	Profession: Employee
Home Phone: -	Work Phone: -	Cellular Phone: 9900119368
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: P. Suguna	Relationship: Mother	
Home Phone: -	Work Phone: -	Cellular Phone: 9000402526
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: P. [Signature]	Date Signed: 01/05/2024	

DECLARATION & LETTER OF AUTHORIZATION

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.
- If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment.
- I hereby authorize *the Company* and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf (TP), to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose.
- I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority.
- I hereby release from liability all persons or entities requesting or supplying such information.
- I authorize *the Company* to contact my present employer. Yes No
- I have read, understand, and by my signature consent to these statements.

SIGNATURE: P. Mahesh

DATE: 01/05/2024

NAME (IN BLOCK LETTERS): UMA MAHESH

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code	Yes

All details are compulsory

Strictly Private & Confidential

