

**In Case of Emergency Form**

It is the responsibility of every employee to inform HR Department regarding any changes.

**I. GENERAL INFORMATION**

Employee Name: <b>LENKA SHANKAR</b>	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <b>18/06/1997</b>
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Current Address: <b>KARRI CHINNIYA PALEM [VIL] KOTHAVALASA VIZIANAGARAM [DST] ANDHRA PRADESH PIN: 535183</b>	City: <b>VIZIANAGARAM</b>	State: <b>A.P</b>
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Permanent Address: <b>KARRI CHINNIYA PALEM [VIL] KOTHAVALASA [DST] VIZIANAGARAM [DST] ANDHRA PRADESH</b>	City: <b>VIZIANAGARAM</b>	State: <b>A.P</b>
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**Please provide your Family Details (Parents, Siblings, Spouse etc.)**

Name: <b>LENKA JAGADEESH</b>	Relationship: <b>Brother</b>
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Phone: <b>6301451123</b>	Address: <b>KARRI CHINNIYA PALEM, KOTHAVALASA VIZIANAGARAM, ANDHRA PRADESH</b>
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Name: <b>LENKA ROJA</b>	Relationship: <b>Sister-in-law</b>
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Phone: <b>9381504899</b>	Address: <b>KARRI CHINNIYA PALEM, KOTHAVALASA VIZIANAGARAM, ANDHRA PRADESH</b>
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Name: <b>KARRI NARASINGHRAO</b>	Relationship: <b>Brother-in-law</b>
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Phone: <b>9866982343</b>	Address: <b>KARRI CHINNIYA PALEM, KOTHAVALASA VIZIANAGARAM, ANDHRA PRADESH</b>
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Name: <b>KARRI GUNNA</b>	Relationship: <b>Cousin</b>
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Phone: <b>8328030521</b>	Address: <b>SANJEEVI GANDHI COLONY HANUNANTHULAKA VISAKHAPATNAM</b>
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Name: <b>KARRI KALAVATHI</b>	Relationship: <b>Sister</b>
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Phone: <b>6281262683</b>	Address: <b>KARRI CHINNIYA PALEM, KOTHAVALASA VIZIANAGARAM ANDHRA PRADESH</b>
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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: BONDUGU PAVANKUMAR	Location: KOTHAVALASA	Profession: TEST Engineer.
Home Phone:	Work Phone:	Cellular Phone: 9154029359
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: LENKA JAGADEESH	Relationship: brother	
Home Phone:	Work Phone:	Cellular Phone: 630 145 1123
Name: KARRI NARASINGH RAO	Relationship: brother-in-law	
Home Phone	Work Phone	Cellular Phone: 9866982343
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: L. Shankar		Date Signed: 25/02/2022