

Contact & Emergency Information Form

STUDENT INFORMATION:

Name: Sidharth Gopalakrishna Menon

Student ID Number: Q1091180

Current Home Address in
Hamburg: _____

Or tick here if you do not have a Hamburg address yet:

Current Phone Number (including country code): +919567499449

Current Email Address: sidharth46.menon@gmail.com

IN CASE OF EMERGENCY PLEASE CONTACT:

Primary Contact Name:
Karthik G Menon

Relationship: Brother

Phone Number:
(including country code) +919895224760

Email Address:
karthik.gm@live.com

Secondary Contact Name :
Valsala Menon

Relationship: Mother

Phone Number:
(including country code) +919633421055

Email Address:



Additional Comments
(Special medical or personal information, allergies etc.):

I agree to BERLIN SCHOOL OF BUSINESS AND INNOVATION GMBH collecting, processing, and using my personal data (name and contact information) to be able to share this data with my contact persons in the case of an emergency.
I have the consent of the provided contact persons to share their personal data (name, relationship, phone number, email address) with BERLIN SCHOOL OF BUSINESS AND INNOVATION GMBH so they are able to contact them in case of an emergency.

This consent can be revoked at any time.

Student Signature

2 / 10 / 2024

Date