



JABATAN LAUT MALAYSIA

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JL/HEPP/B/10

**PERMOHONAN UNTUK MENJADI PENGAMAL PERUBATAN
YANG DILULUSKAN**

APPLICATION FOR APPROVED MEDICAL PRACTITIONER

KAEDAH 6 PERKAPALAN SAUDAGAR (PEMERIKSAAN PERUBATAN), 1999
RULE 6 OF MERCHANT SHIPPING (MEDICAL EXAMINATION) RULES, 1999

Name of doctor	Qualification	Years of service

Identification Card Number/Passport:

Clinic/Organisation Name :

Address :

Panel doctor for the following shipping companies

Please state below any shipping experience/ experience related with maritime field you have:

Any training attended related with maritime field:

I hereby testify that the above information is true and correct to the best of my knowledge and I fully understand the contents of the publication JL/P/02/98. I also testify that I understand on the procedures of filling the form JL/HEPP/D/09 and JL/HEPP/D/16

Name:

Clinic's Chop