



PAKISTAN MARINE ACADEMY
Hawks Bay Road, Mauripur
KARACHI-75780
Ph: 021-99241201-5
Fax: 021-99241206

No. PMA/NE/62nd Batch/2023/168

Roll No: _____

Name: _____

12 October 2023

Subject: MEDICAL EXAMINATION FOR ADMISSION – 62nd BATCH PMA CADETS

1. For the admission at Pakistan Marine Academy (PMA), it is mandatory for a candidate to be medically fit. Therefore, a medical examination proforma is enclosed. You are to appear in person before medical board at (CMH Abbottabad/ Bahawalpur/ Hyderabad/ Kohat/ Kharian/ Lahore/ Multan/ Muzaffarabad/ Panoaqil/ Quetta/ Peshawar/ Sargodha/ PNS Hafeez Islamabad/ PNS Shifa Karachi along with dully filled medical examination proforma and CNIC, w.e.f 16th October 2023. It is important to mention that medical examination charges will be borne by you. Moreover, the medical examination may take 3 to 5 days and you are to make boarding, lodging and travelling arrangements at your own risk and cost.

2. You are provisionally called for medical examination; however final selection will be made on the basis of HSC/ F.Sc, NTS, PET and Interview result. After completion of medical examination, forward medical examination final result "Candidate's Copy" along with copy of HSC/ F.Sc final result to PMA immediately through **Courier Services**. Your medical examination result and HSC/ F.Sc final result should reach this office by 10th November 2023 positively, otherwise you will not be considered for final selection.

3. Hospital authority is requested that if any candidate referred to other hospital and if he approaches your hospital due to unavoidable circumstances, please entertain him by verifying his particulars issued by PMA.

Note: Color Blind are not eligible for admission. After joining Eye sight and Color vision test will be conduct again by Mercantile Marine Department, Govt. of Pakistan Karachi, under arrangement of Pakistan Marine Academy.

SHAKOOR AKHTAR
Officer In charge Admissions

Encl: (Medical Examination Proforma)



PAKISTAN MARINE ACADEMY

Hawks Bay Road, Mauripur

Karachi- 75780

Phone: 021-99241201 Ext-274

Fax: 99241206

MEDICAL EXAMINATION REPORT

For office use only

Roll No: _____ Batch _____

Medical Examination Centre _____

Paste Recent
Photograph

A. Particulars of Candidate:

Name: _____ NIC # /Form "B": _____

Father's Name: _____ Father's NIC #: _____

Date of Birth: _____ Domicile: _____

B. PERSONAL HISTORY (Tick whichever is applicable)

<u>Disease/Disability</u>	<u>Yes</u>	<u>No</u>	<u>Disease/disability</u>	<u>Yes</u>	<u>No</u>
Asthma/Breathlessness			Motion Sickness		
Joint Pain			Broken Bone/Dislocation		
Jaundice			Fits / Convulsion / Epilepsy		
History of any Operation Including laparoscopic Operation			History of Visual problems Color Blindness, Night Blindness		
Fever Headache/Migraine			Eye Surgery Including Laser Keratotomy And Cranioplasty		
Head injury With Unconsciousness			Earache / Ear Discharge		
Tuberculosis/Pneumonia			Any Other Diseases		

C. FAMILY HISTORY

Detail of immediate family members who have expired?

<u>Relationship</u>	<u>Age on Death</u>	<u>Detail of Disease-Causing Death</u>
Father		
Mother		
Brother		
Sister		

D. I do hereby declare that information given above is complete and correct to the best of my knowledge and belief. I have not with-held any information. I am fully aware of the fact that by willful concealment of above any information, may incur the risk of not being accepted for admission or termination from the training from Pakistan Marine Academy.

(Signature of Candidate)

Signature of Witness

Name: _____

NIC # _____ (attach photocopy)

Address: _____

1. EXAMINATION BY GENERAL PHYSICIAN

Height.....Cm Weight..... Kg Built: Average / Large / Small
Chest Shape..... Full inspiration..... Full expiration.....
Lymphatic Glands..... Respiratory.....
Cardio – Vascular System: Pulse..... BP.....mmHg
Central Nervous System.....
Abdomen.....
Genito-urinary System.....
Endocrine System.....
Locomotor System.....
Oro-dental Examination: Gums..... Teeth.....

Results of Investigations:

X-Ray Chest: -.....
Urine R. E
Blood CP with ESR......
Any other Investigations......

.....
Signature
Rank/Name
Date.....
Official Seal

**2. EXAMINATION BY SURGICAL SPECIALIST: -
Disability. (If any):**

Remarks: FIT
 UNFIT due to.....
 Temporary Unfit For..... Weeks due to

Signature.....
Rank/Name.....
Date.....
Official Seal

**3. EXAMINATION BY MEDICAL SPECILAIST
Disability. (If any):**

Remarks: FIT
 UNFIT due to.....
 Temporary Unfit For..... Weeks due to

Signature.....
Rank / Name
Date.....
Official Seal

04- EXAMINATION BY EYE SPECILAIST (COLOR BLINDS ARE UNFIT FOR ADMISSION)

Eye Specialist requested to follow the standard set by the Mercantile Marine department. Ministry of Ports and Shipping as mentioned below:

Description	Distance Vision		Near Vision	Color Vision
Deck Apprentices	One Eye	Other Eye	A visual acuity sufficient to carry out duties efficiently	Lantern Test for White Red & Green or Test on Ishihara Charts
Unaided Aided	6/9- 6/6.	6/6. 6/6.		
Engineering Apprentices			A visual acuity sufficient to carry out duties efficiently	Lantern Test for White. Red & Green or test on Ishihara Charts
Unaided Aided	6/36. 6/9.	6/36. 6/9.		

	Visual Acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant				
Near				

	Visual fields	
	Normal	Defective
Right eye		
Left eye		

- b. **Visual Acuity Standard:**
- c. **Color Vision/ C P Standard (COLOR BLINDS ARE COMPLETELY UNFIT FOR ADMISSION)**
- d. **Disability. If any: -**
- e. **Remarks: -**
 FIT (for Nautical and Engineering Branch)
 FIT (for Engineering Branch only)
 UNFIT due to.....
 Temporary unfit For..... Weeks due to

Official Seal

Signature.....
 Rank/Name.....
 Date.....

5. EXAMINATION BY ENT SPECIALIST:-

- a. Hearing Standard: Rt..... Lt.....
- b. Speech:
- c. **Disability. If any: -**
- d. **Remarks: -**

FIT

UNFIT due to.....

Temporary Unfit For.....Weeks due to

Signature.....

Rank/ Name.....

Date.....

Official Seal

6. RESULT OF SCREENING FOR HEPATITIS "B & C"

It is certified that Mr.S/O

Roll No has been screened for HEPATITIS "B & C" at

onand found to be:

- a. HEPATITIS "B" NEGATIVE
- b. HEPATITIS "B" POSITIVE
- c. HEPATITIS "C" NEGATIVE
- e. HEPATITIS "C" POSITIVE

(Note: Please initial appropriate box)

Recommendation:

Fit (FOR Nautical and Engineering Branches)

Fit (FOR Engineering Branch only)

Temporary Unfit for.....Weeks due to

Signature

Rank/Name

Date.....

Official Seal

MEDICAL EXAMINATION FINAL RESULT

(Office Copy)

Mr.....S/O..... Roll No
has been Medically Examined at..... from..... to and
has been declared:

FIT

UNFIT due to.....

Temporary Unfit For Weeks due to.....

Signature.....

Rank/Name.....

Date.....

Official Seal

MEDICAL EXAMINATION FINAL RESULT

(Candidate's Copy)

Mr.....S/O..... Roll No
has been Medically Examined at..... from..... to and
has been declared:

FIT

UNFIT due to.....

Temporary Unfit For Weeks due to.....

(Note: Please initial appropriate box)

Signature.....

Rank/Name.....

Official Seal

Date.....

RESULT OF RE-EXAMINATION FOR CANDIDATES DECLARED TEMPORARY UNFIT

Mr.....S/O..... Roll No
has been Medically Examined at..... from..... to and
has been declared:

FIT

UNFIT due to.....

Temporary Unfit For Weeks due to.....

(Note: Please initial appropriate box)

Signature.....

Rank/Name.....

Official Seal

Date.....

Important Note

Candidate is requested to immediately send a copy of Medical Examination Final Result (Candidates Copy) to Pakistan Marine Academy through courier / mail on the following Address:

Officer In-charge New Entry
Pakistan Marine Academy, Hawks Bay Road, Mauripur
Karachi-75780