



E-tiket Pesawat

Rencana Penerbangan
Order ID : 50245107

Perihalaman E-tiket dan identitas
valid saat Check-In

Check-in paling lambat 120 menit
sebelum keberangkatan

Waktu tertera adalah waktu
bandara setempat

Penerbangan Pergi | Senin, 23 Juli 2018

23 Juli 2018

08:15

Surabaya (SUB)

23 Mei 2018

09:35

Surabaya (SUB)

SCOOT

TR 264

[Indonesia, N1]

SCOOT

TR 264

[Indonesia, N1]

Detail Penumpang

No.	No. Perberangan	Nama Tiket	Penumpang	Tipe Tiket	Fasilitas (Bagasi)
1	TR 264	130964137	Nyonyah SRI RATHI RAHAYU	Dewasa	0



Aw date: 13/6/18

Batam Ferry

New



SRI RATIH RAHAYU

(2)NC 623

UNITED CHANNEL EMPLOYMENT AGENCY PTE. LTD. [EA Licence No. 07C4306]
865 MOUNTBATTEN ROAD, #01-22, SINGAPORE 437844

11 June 2018

Letter of Eligibility for Ms SRI RATIH RAHAYU Surat Kelayakan untuk Ms SRI RATIH RAHAYU

Dear Ms SRI RATIH RAHAYU

Yang Terhormat Ms SRI RATIH RAHAYU,

We are pleased to inform you that you are eligible for placement under the Advance Placement Scheme for Foreign Domestic Workers (FDW). This letter allows you to look for employment as a FDW in Singapore, through the employment agency stated above, for up to 30 days (subject to the validity of your visit pass), starting from and including your date of arrival in Singapore.

Dengan senang hati kami memberitahu bahwa Anda memenuhi kriteria untuk bekerja di bawah Skema Penempatan Awal bagi Pembantu Rumah Asing (FDW). Surat ini mengizinkan Anda tempoh selama 30 hari, terhitung dari tanggal kedatangan Anda di Singapura (tergantung atas validitas visa kunjungan Anda), mencari pekerjaan sebagai seorang FDW di Singapura, melalui agensi penempatan kerja di atas .

NAME
NAMA
SRI RATIH RAHAYU

FOREIGN IDENTIFICATION NO.
NO. IDENTITAS ASING
C0340099

EMPLOYMENT AGENCY'S NAME
NAMA AGEN TENAGA KERJA
UNITED CHANNEL EMPLOYMENT
AGENCY PTE. LTD.

OCCUPATION
PEKERJAAN

Employment as Foreign Domestic
Worker under Advance Placement
Scheme

Pengangkatan sebagai Pembantu
Rumah Asing di bawah Skema
Penempatan Awal



Certificate of Attendance



This certificate is awarded to

SRI RATIH RAHAYU

Foreign Identification Number: **C0340099**

For successfully completing
Foreign Domestic Worker (FDW)
Settling-In Programme

Conducted on: 14/06/2018

A handwritten signature in black ink, appearing to read 'Shan'.

Director, GMC

Trainer
Signature: _____

Cert Number: LOE1366



Work Pass Division

18 Havelock Road
Singapore 059764
www.mom.gov.sg

Winnie Medical Centre
Blk 81 Macpherson Lane #01-35 Singapore 360081

SRI RATIH RAHAYU

IC :C0340099 DOB :13-May-1994

Sex :Female

PID :P170363

Reg. Date :13-Jun-18 02:02PM HP :



MINISTRY OF
MANPOWER

Full Medical Exam

All parts in this form are to be completed by a completes this form. The foreign worker's Travel

Part I Personal Particulars of Foreign Worker

Name: _____

Passport No. _____

Sex: *Male / Female

Height: 140 cm

Occupation: _____

Date of Birth: _____

Citizenship: _____

Weight: 55 kg

is endorsed by the doctor who
on.

Part II Medical History (To be declared and signed by the foreign worker)

	Yes	No	If yes, give brief details		Yes	No	If yes, give brief details
1 Mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6 Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2 Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7 Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 Chronic Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8 Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9 Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

I declare that all the information given above is true and correct. I hereby give my consent for a copy of this medical form after it is completed by the doctor to be released to the Ministry of Manpower, my employer, and also to the employment agent who assisted in my work permit application.

13 JUN 2018

Signature of Foreign Worker

Date

Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.

Clinical Examinations	Abnormal	Other Tests	Abnormal
1 Cardiovascular System a Blood Pressure Systolic: <u>140</u> / Diastolic: <u>90</u>	<input type="checkbox"/>	1 Chest X-ray – to be taken in Singapore (*For any abnormalities and other findings including no active lung lesion, please state here and attach the chest radiological report to this form.)	<input type="checkbox"/>
b Heart Disease	<input type="checkbox"/>	2 Urine	<input type="checkbox"/>
c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardiac murmurs or symptoms suggestive of Myocardial ischaemia)	<input type="checkbox"/>	a Albumin	<input type="checkbox"/>
d Severe varicose veins	<input type="checkbox"/>	b Sugar	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
4 Abdomen	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	i) Right eye	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
6 Locomotor/Neurological	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>		
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>		
8 Mental state	<input type="checkbox"/>		

Part IV Certification from the Doctor

I certify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment in the above-stated occupation.

Name of Doctor:
(in BLOCK Letter)

Winnie Medical Pte Ltd

Signature of Doctor:

Clinic Address:

Blk 81 Macpherson Lane #01-35

Date:

Singapore 360081

Telephone Number:

*Delete where inapplicable

Tel: 6842 7842 Fax: 6743 0954

14 JUN 2018

Doctors to Note:

Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.

WPCM 015

The information is updated on 27 Mar 2018



Winnie X-Ray Centre

Blk 81, Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954

Patient Name	: SRI RATIH RAHAYU	Age/Sex	: 24/F	Case No	: W1166040
Referring Doctor	: DR MANINDER SINGH SHAHI	NRIC NO	: C0340099	Date	: 13/06/2018

Examination CHEST X-RAY - SCREENING X

CHEST

No active lung disease.

Normal cardiac and mediastinal outlines.

COMMENTS

Normal findings.

TRAINER'S OBSERVATION CHECKLIST
FDW PRACTICAL SESSION AT THE SETTLING-IN PROGRAMME (SIP)
FDW Foreign Identification No:

(0340099)

FDW Name: SRI RATIH RAHAYU
 Height: 141.0 Weight: 54.0
 Date of SIP: 14/06/2018 Signature of Trainer: *AN*
 Room: SIP ROOM 1 Seat No: 13
 Nationality: INDONESIAN

This checklist is used by the SIP Trainer to note down his/her observations of the above-mentioned FDW when she practised hanging laundry and cleaning window at the SIP. This information hopes to highlight areas where the FDW may require closer supervision and additional training.

Practical Elements	Safety Practices to be Followed	Did the FDW Follow the Safety Practices?			
		Yes	Yes, but only on 2 nd attempt	Yes, but only on 3 rd attempt	No (Despite after 3 attempts)
(1) Hanging Laundry	(a) FDW does not place more than <u>one</u> piece of heavy clothing on the bamboo pole	✓			
	(b) FDW is able to place heavier clothing (e.g. big towel or jeans) near the bracket and lighter clothing (e.g. t-shirt) at the far end of the bamboo pole	✓			
	(c) FDW is able to secure clothing with clothes pegs	✓			
	(d) FDW ensures that the floor is dry before hanging laundry	✓			
	(e) FDW is able to stand firmly on ground(feet slightly apart; does not lean out of the window) without tip-toeing.		✓		
Additional Comments (Include only if there are key observations made):					
(2) Cleaning Windows	(f) FDW is able to lock and check that window grilles are locked before cleaning the <u>window exterior</u> (<u>employer/adult supervision also required</u>)	✓			
	(g) FDW is able to use extended cleaning tool to clean window exterior and hard-to-reach areas on window	✓			
	(h) FDW is able to lock and check that window is locked before cleaning the <u>window interior</u>	✓			
	(i) FDW is able to stand firmly on ground(feet slightly apart; does not lean out of the window) without tip-toeing.	✓			
	Additional Comments (Include only if there are key observations made):				