

APPLICATION FORM

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Personal ID Number										

Position Applied for: MOTORMAN	Date Available from: ANY TIME

1. Personal Data		
Family Name:	First Name:	Middle Name:
KHANİYEV	SALEH	
Date of Birth: 24.12.1995	Place of Birth (City and Country): SHABRAN	Citizenship: AZERBAIJANIAN
Permanent Address: Azerbaijan/Bak	u	Phone Mobile: Whatshapp +994558238968 +994707677181
		E-mail: salehxaniyev95S@gmail.com

2. Maritime Education					
Name of school	Town	Country	From	То	Type of degree or diploma
KAİNAT-M TM MMC	Baku	Azerbaijan	2018	2019	CERTIFICATE

3. Professional Test		
English Test Date	Name of Test	Score
Professional Test Date	Name of Test	
		score
		Score
Professional Interview Date		
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4. Family Detail	4. Family Details											
Civil Status(Sing	gle, N	larried, Separated	d, Divo	orced, W	idowed)	: Single						
Next of Kin (the	e first	t emergency cont	act)					Relatio	onship: E	Beloved		
Address of Resid	dence	e Azer	baijan	/Baku				Phone	: +994553	311718	1	
	Dau	ghter	Son									
Family Name												
-												
First Name												
Date of Birth												
City of living												
Phone												
Numbers												
5. Identity Docu	umei	nts						l				
Document		Country		Number		Place of Issue			Issue Date		Expiry Date	
		AZERBAIJAN	DQK 02		22724 AZERBAIJAN Sta		AN State Maritime		16.02.2023		16.02.2028	
Seaman's Book						Adminstration						
Scaman's Book												
		AZERBAIJAN		C00840289		AZERBAIJAN Ministry of Internal			ernal	11.02	.2016	10.02.2026
		AZEKDAIJAN		000010203		Affairs			ciiidi			
Travel Passport												
		AZERBAIJAN	r			AZERBAIJAN						
Civil Passport		AZEKDAIJAN				AZEKD	AIJAN					
6. Valid Visa												
Country or Unio	n				Туре			Valid (Jntil			
7. Courses Atte	ended	l and Certificate	s Obta	ained								
Document			Nu	mber		Dates			Pla	ce of issue		
				0205/2	2		Issue Expi		ıry			
Certificate of Competency				0385/2	.5	08.02.2023	•			SMPA	BAIJAN Baku	
Updating					XS-						AZERI	BAIJAN
Training for sear	farer	s with designated	securi	ity	SH-0110-23		19.01.2023 19.01.2		028	AZERBAIJAN Baku SMPA		

	1		1	AZEDDAHAN Deliii
Ship Security-related training and instruction	SI-0133-23	17.01.2023	13.01.2028	AZERBAIJAN Baku SMPA
Dangerous hazardous and harmfull cargoes	SK-			AZERBAIJAN
Advanced training for oil tanker cargo operations	SB-			AZERBAIJAN
Proficiency in Survival Craft and Rescue Boats	SL-0209-23	24.01.2023	24.01.2028	AZERBAIJAN Baku SMPA
Advanced Fire Fighting	SJ-			AZERBAIJAN
Medical First Aid Training	SN-			AZERBAIJAN
Medical First Aid Training and Medical Care	SM-			AZERBAIJAN
Leadership and Teamwork	DL-			AZERBAIJAN
GMDSS General Operator	DQ-			AZERBAIJAN
GMDSS Endorsement	Р0			PANAMA
Automatic Radar Plotting Aids Simulator (ARPA)	SQ-			AZERBAIJAN
Bridge Team Management	SW-			AZERBAIJAN
Shiphandling& Maneuvering	SV-			AZERBAIJAN
Ship Security-related Training and instruction	SI-0133-23	17.01.2023	13.01.2028	AZERBAIJAN Baku SMPA
Operational Use of Electronik Chart Display and information Systems	SZ-			AZERBAIJAN
International Safety Management Code	SP-0087-23	18.01.2023	18.01.2028	AZERBAIJAN Baku SMPA
Ship Security Officer	SG-			AZERBAIJAN
-personal survival techniques –fire prevention avdfire fighting –elementary first aid –personal safety and social responsibilities	SO-0217-23	23.01.2023	23.01.2028	AZERBAIJAN Baku SMPA
Basik training and qualifications on oil and cemical tanker cargo operations (STCW Code A-V/1-1 Pa.1)	SA-			AZERBAIJAN

8. Physical Data		
Height	170 sm	
Weight	75	
Colour of Hair	Black	
Colour of Eyes	Brown	
Boilersuit Size	XL	
Shoes Size	42	

9. Medical History	Yes	No
Have you ever signed off a ship due to medical reasons?		No
Did you undergo any medical operation in the past?		No
Have you consulted a doctor during the last 12 months for an illness/accident?		No
Do you have any health or disability problems now?		No

Place:	Date	Signat	ure:	
13. I hereby declare that the above, inclu	ding Medical History, is true			
ISGOT knowledge:				
OCIMF vetting experience:				
12. Knowledge and experience			Yes	No
Bank Address				
Name of Bank				
Account No.				
Beneficiary				
11. Bank address for allotments				
Phone				
Address				
Name of person to contact				
Name of Company				
Phone				
Address				
Name of person to contact				
Name of Company				
10. References (please give name and add	dress of your current or past emp	oloyer) Office	remarks	
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Vaccination Against Yellow Fiver Vaccination Against Diphtheria				
International Medical Examination	Passed:		Valid till:	

If yes, please give full details:

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15. Seagoing Experience

Name of vessel	Flag	Vessel' s Type	DWT	Eng Type	НР	Manager or Owner	Rank	From d/m/y	To d/m/y	Total m/d
BDT 0668	Azerbaijan		225					07.03.2019	07.06.2019	

Total rank sea service: Total type of vessel sea service:

Rank	
Total	

Type of vessel	
OIL TANKER	
LPG	
DRY CARGO	
TANKER ICE	
OIL /CHEMICAL TANKER	
FERRY	
Total:	

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