

## 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
Professional Interview Date		

4. Family Details												
Civil Status (Sing	le, N	larried, Separated	d, Divo	orced, W	idowed)	: Single						
Next of Kin (the	e first	t emergency cont	act)					Relatio	onship: E	eloved		
Address of Resid	dence	e Azer	baijan	/Baku				Phone	: +994553	311718	1	
	Dau	ighter	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	AZERBAI.	JAN State M	laritime	<u> </u>	16.02	.2023	16.02.2028
G						Adminstration						
Seaman's Book												
		AZEDDAHAN		COOS	40299 AZEDDAHAI		IABI Ministry of Internal			11.02.2016		10.02.2026
		AZERBAIJAN		C00840289		AZERBAIJAN Ministry of Internal Affairs			ernai			10.02.2020
Travel Passport												
Civil Passport		AZERBAIJAN				AZERBA	AIJAN					
6. Valid Visa												
Country or Unio	n				Туре			Valid U	Jntil			
7. Courses Atte	nded	l and Certificate	s Obta	ained								
	]	Document			Nu	mber		Dates			Pla	ce of issue
				255 :		Issue		Exp	iry			
Certificate of Competency				0385/2	3	08.02.2023	•			AZERI SMPA	BAIJAN Baku	
Updating					XS-						AZERI	BAIJAN
Training for seaf	farer	s with designated	securi	ity	SH-0110-23		19.01.2023 19.01.2		028	AZERBAIJAN Baku SMPA		

	1		1	AZEDDALIANIDI
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	Signature:	
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	iress of your current or past en	ployer) Office rema	rks
10 D.f		0.00	,
<u>www.adib.az</u>			
Vaccination Against Diphtheria			
International Medical Examination Vaccination Against Yellow Fiver			
To de IMP III de	Passed:	Va	lid till:

If yes, please give full details:

www.adib.az

## 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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