

## **APPLICATION FORM**

1. Personal l	Data		Date Available from:						
1. I CI Soliai I									
Family Name: Middle Name:									
BAYRAMOV		YASH	YASHAR			ARSHAD			
Date of Birth:26.04.1994 Coun				Place of Birth (City and Country): BARDADISTRICT, AZERBAIJAN			enship: AZERBAIJAN		
Permanent Address AZERBAIJAN, BARDA DISTRICT Phone (Home): Phone (Business/ Mobile)+994514752382 E-mail:							e (Business/ e)+994514752382		
2. Maritime	Fduc	ration							
Name of school		Town	Cour	ntry	From	То	Type of degree or diploma		
KAINAT-M T MMC	'M	BAKU	AZERB	AIJAN	20.08.2020		MOTRMAN		
3. Profession	nal Te	est							
English Test Da	ate			Name o	of Test		Score		
Professional Te	est Date	2		Name of Test			Score		
Professional Int	terview	v Date		Result					
4. Family De Civil Status(Single	e, Marrie		ivorced, Wid	dowed):					
Next of Kin (the final Address of Resident		rgency contact)					Relationship Phone:		
	Daught	er	Son						
Family Name	YASH	AR							
First Name	BAYR	AMOV							
Date of Birth	26.04	1.1994							
City of living	Azerb	oaycan							
Phone Numbers	+994	514752382							

5. Identity Documents									
Document	Country	Number	Place of Issue	Issue Date	Expiry Date				
Seaman's	Azerbaijan	DQK016959	State of maritime	16.01.2021	16.01.2026				
Book			administration						
Travel	Azerbaijan	C002062195	Ministry of internal	11.07.2018	10.07.2028				
Passport			affairs						
Civil									
Passport									

6. Valid Visa						
Country or Union	Type	Valid Until				

7. Courses Attended and Cert	tificates Obta	ined	1	<b>~</b>		
Document	Nui	mber	Issu	Dates e Expiry	Place	
Certificate of Competency	RP10277	12.01	.2021	Lapity	AZERBAIJAN	
Maltese Endorsement of COC						
Oil Tanker Endorsement						
Chemical Tanker Endorsement						
Gas Tanker Endorsement						
Oil Tanker Familiarization Training						
Chemical Tanker Familiarization						
Training						
Gas Tanker Familiarization Training						
Oil Tankers Specialized Training						
Chemical Tanker Specialized						
Training						
Gas Tanker Specialized Training						
Basic Trainings	SO-1186-20	25.09	.2020	25.09.2025	AZERBAIJAN	
Proficiency in Survival Craft and Rescue Boats	SL-0802-20	22.09	.2020	22.09.2025	AZERBAIJAN	
Advanced Fire Fighting						
Medical First Aid Training						
Medical First Aid Training  Medical First Aid Training and						
Medical Care						
GMDSS						
GMDSS Endorsement						
Radar Observation & Plotting						
Automatic Radar Plotting Aids						
Simulator (ARPA)						
Bridge Team Management						
Shiphandling & Maneuvering						
Ship Security Officer Training	SI-0576-20	24.09	.2020	24.09.2025	AZERBAIJAN	
Course		1				
Maltese Endorsement of SSO	GD 65	100.50		20.00.5555		
ISM Code	SP-0790-20	09.09	.2020	09.09.2025	AZERBAIJAN	
Safety Officer					<u> </u>	
ECDISTraining Course					<u> </u>	
Risk Assessment Course					ļ	
C.O.W./ I.G.S						
Fire Practice on Tankers						
Vapour Recovery System						
Unmanned Machinery Space						

FRAMO Familiarization Course Cargo Ballast Operations on					
Oil/Chemical Tankers					
Hazardous Materials	SH-0443-20	04.09.2020	04.09.2025	AZERBAI	IJAN
Welder					
Turner					
Risk Management And Incident					
Investigation Training of seafarers with			1		
designated security duties in					
compliance with ISPS Code					
8. Physical Data Height Weight Colour of Hair Colour of Eyes Boilersuit Size Shoes Size  9. Medical History Have you ever signed off a ship Did you undergo any medical of		cal reasons?		Yes	No +
Have you consulted a doctor duillness/accident?  Do you have any health or disa	uring the last	2 months for a	n		+ +
Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:	uring the last	2 months for a		alid till:	+
Have you consulted a doctor duillness/accident?  Do you have any health or disa	bility problem	2 months for a		alid till:	+
Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:	bility problem  Passed	2 months for a		alid till:	+
Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina	Passed	2 months for a		alid till:	+
Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina Vaccination Against Yellow Fi	Passed	2 months for a		alid till:	+
Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina Vaccination Against Yellow Fi Vaccination Against Diphtheria	Passed tion	2 months for a	V		+
Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina Vaccination Against Yellow Fi Vaccination Against Diphtheria	Passed tion	2 months for a			+
Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina Vaccination Against Yellow Fi Vaccination Against Diphtheria  10. References (please give name and Name of Company	Passed tion	2 months for a	V		+
Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina Vaccination Against Yellow Fi Vaccination Against Diphtheria  10. References (please give name and Name of Company Name of person to contact	Passed tion	2 months for a	V		+
Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina Vaccination Against Yellow Fi Vaccination Against Diphtheria  10. References (please give name and Name of Company Name of person to contact Address	Passed tion	2 months for a	V		+
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Have you consulted a doctor duillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina Vaccination Against Yellow Fi Vaccination Against Diphtheria  10. References (please give name and Name of Company Name of person to contact Address Phone  Name of Company Name of person to contact Address Phone  11. Bank address for allotmer	Passed tion laddress of your current laddress	2 months for a	V		+
Have you consulted a doctor drillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina Vaccination Against Yellow Fi Vaccination Against Diphtheria  10. References (please give name and Name of Company Name of person to contact Address Phone  Name of Company Name of person to contact Address Phone  11. Bank address for allotmer Beneficiary	Passed tion laddress of your current laddress	2 months for a	V		+
Have you consulted a doctor drillness/accident?  Do you have any health or disa  If yes, please give full details:  International Medical Examina Vaccination Against Yellow Fi Vaccination Against Diphtheria  10. References (please give name and Name of Company Name of person to contact Address Phone  Name of Company Name of person to contact Address Phone  11. Bank address for allotmer	Passed tion laddress of your current laddress	2 months for a	V		+

12. Knowledge and experience	ee	Yes	No						
OCIMF vetting experience:									
ISGOT knowledge:									
13. I hereby declare that the above, including Medical History, is true									
Place	Date	Signature							
14. For Office use only	14. For Office use only								

## 15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DW T	Eng Type	H P	Manager or Owner	Rank	From d/m/y	To d/m/y	To m
LIMAN	HINDISTAN	TANKER	3500				Motorman	15.01 2021	15.06 2021	
Amur 2528	Azerbaycan	General Gargo	3000			Mak	Motorman	23.07.2021	12.01.2022	
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## Total rank sea service:

Total type of vessel sea service:

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