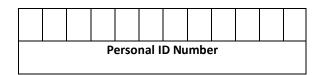
APPLICATION FORM





Position Applied for: OILER	Date Available from: ANY TIME

1. Personal Data		
Family Name:	First Name:	Middle Name:
ALIYEV	ALISHAN	
Date of Birth:	Place of Birth (City and	Citizenship: AZERBAIJANIAN
18.12.1996	Country): Azerbaijan	Citizenship. AZENDADANIAN
Prmanent Address: SALYAN district Nokh	udlu village. Azerbaijan	Phone Mobile: +994556498990
		E-mail: alishan.alieff96@gmail.com

2. Maritime Education					
Name of school	Town	Country	From	То	Type of degree or diploma
1"KAINAT -M TM" LLC	Baku	Azerbaijan	2022	2023	Bachelor
2Azerbaijan State Marine Academy	Baku	Azerbaijan	2014	2018	Bachelor

CERTIFICATE OF COMPETENCY (COC)

3. Title	Document №	Authority	Issue	Expiry
OILER	0942/23	State Maritime Agency – Azerbaijan, Baku	14/04/23	NO Limts

English Test Dat	te			Na	ame of Te	est				
Professional Te	st Dat	te		Name of Test						
Professional Int	ervie	w Date		Re	esult					
5. Family Detai	ls									
Civil Status(Sing	gle, N	larried, Separated	d, Divo	orced, W	idowed) :	SINGLE				
Next of Kin (the	e first	emergency)					Relationship:			
HIJRAN ALIYEV							FATHER			
Address of Resi Azerbaijan	dence	e THABRIZ KHALII	BAYL	l street, A	App. – 94,	. SALYAN,	Phone: +99450 !	554694	4	
	Dau	ghter	Son							
Family Name										
First Name										
Date of Birth										
City of living										
Phone Numbers										
6. Identity Doc	umer	nts								
Document		Country		Nur	nber	Place of I	ssue	Issue	Date	Expiry Date
Seaman's Book		AZERBAIJAN		DQK-02	23415	AZERBAIJAN		26.04	.2023	26.04.2028
Travel Passport		AZERBAIJAN		C03077	7742	AZERBAIJAN		22.09.2022		21.09.2032
Civil Passport		AZERBAIJAN		AA378!	5823	AZERBAIJAN		05.02	.2022	01.02.2032
7. Valid Visa										
Country or Unio	on		Type Valid Until							
N/A					N/A		N/A			
N/A N/A							N/A			

4. Professional Test

8. Courses Attended and Certificates Obtained

Document	Number	Dates	Place		
Document	T (dilliper	Issue	Expiry		
International Safety Management	SP-0297-23	31.01.2023	31.01.2028	AZERBAIJAN	
Training for seafarers with designated security duties (STCW Code, A-VI/6, Pa.6 to Pa.8.)	SH-0246-23	02.02.2023	02.02.2028	AZERBAIJAN	
Ship Security-related familiarization security-awareness training (STWC Code, A-VI/6, Pa.1 to Pa.4.)	SI-0267-23	26.01.2023	26.01.2028	AZERBAIJAN	
Proficiency in survival craft and boats other than fast rescue boats (STWC Code, A-VI/2 Pa.1, Pa.2, Pa.3 and Pa.4)	SL-0282-23	27.01.2023	27.01.2028	AZERBAIJAN	
-safety familiarization training (STCW-78, A-VI/1 pa.1) -personal survival techniques (STWC-78, A-VI/1-1) -fire prevention and fire fighting (STWC-78, A-VI/1-2) -elementary first aid (STWC-78, A-VI/1-3) -personal safety and social responsibilities (STWC-78, A-VI/1-4)	SO-0360-23	26.01.2023	19.01.2028	AZERBAIJAN	
Minimum Standards of Competence in Basic Training For Liquefied Gas Tanker Cargo Operations					

9. Physical Data		
Height	175cm	
Weight	77kg	
Colour of Hair	Black	
Colour of Eyes	Brown	
Boilersuit Size	L	
Shoes Size	41	

10. Medical History		Yes	No
Have you ever signed off a ship due to med		No	
Did you undergo any medical operation in t	No		
Have you consulted a doctor during the last	12 months for an illness/accident?		No
Do you have any health or disability problem	ms now?		No
If yes, please give full details:			
		1	
International Medical Examination	Passed: 28.12.2022	Valid till: 29.12.2024	
	28.12.2022 No	29.12.2024	
Vaccination Against Yellow Fiver Vaccination Against Diphtheria	No No		
Vaccination Against Diphtheria	No		
		l .	
11 Defenences (also since some and addu		Office remarks	
11. References (please give name and address)	ess of your current or past employer)	Office remarks	
Name of Company			
Name of person to contact			
Name of person to contact			
Address			
Dhara			
Phone			
Name of Company			
Name of person to contact			
Address			
Phone			
12. Bank address for allotments			
Beneficiary			
Account No.			
Name of Bank			
Bank Address			
13. Knowledge and experience		Yes	No
OCIMF vetting experience:			
A TIVIT VETTILE EXTENDED OF			
Colivir Vetting experience.			
ISGOT knowledge:		у	

14. I hereby declare that the above, including Medical History, is true						
Place:	Date					
MEDICAL CENTRE						

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
							OILER			
							OILER			
							OILER			

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

Rank	
OILER	
Total	

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