

# APPLICATION FORM



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Personal ID Number											

Position Applied for: Able Seafarer Deck	Date Available from: Any time
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<b>1. Personal Data</b>					
Family Name: ALIYEV		First Name: FARİD		Middle Name: HUSEYN	
Date of Birth: 30.11.1989		Place of Birth: Lankaran, Azerbaijan		Citizenship: Azerbaijan	
Permanent Address: Lankaran, Azerbaijan			Phone (Home): Phone (Business/ Mobile): (+994)55 275-65-59 Whatsapp No: (+90) 534 831-42-17 E-mail:		

<b>2. Maritime Education</b>					
Name of school	Town	Country	From	To	Type of degree or diploma

<b>3. Professional Test</b>		
English Test Date	Name of Test	Score
Professional Test Date	Name of Test	Score
Professional Interview Date	Result	

<b>4. Family Details</b>	
Civil Status (Single, Married, Separated, Divorced, Widowed) : MARRIED	
Next of Kin (the first emergency contact) : ALIYEV HUSEYN	Relationship / Father
Address of Residence: Lankaran, Azerbaijan	Phone : (+994) 51 718-51-67

	Doughter	Son			
Family Name					
First Name					
Date of Birth					
City of living					
Phone Numbers					

5. Identity Documents					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	Azerbaijan	AZE014349	State Maritime Administration	28.07.2021	28.07.2026
Travel Passport	Azerbaijan	C03478608	Ministry of Internal Affairs	06.07.2021	05.07.2031

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6. ValidVisa		
Country or Union	Type	Valid Until

Country or Union	Type	Valid Until

[illegible][illegible]

8. PhysicalData	
Height	172sm
Weight	75 KG
Colour of Hair	Black
Colour of Eyes	Brown
Boiler suit Size	MEDIUM
Shoes Size	42

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

If yes, please give full details:

	Passed:	Valid till:
International Medical Examination	28.08.2023	28.08.2025
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

10. References (please give name and address of your current or past employer)	Office remarks
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Name of Company		
Name of person to contact		
Address		
Phone		

Name of Company		
Name of person to contact		
Address		
Phone		

11. Bank address for allotments	
Beneficiary	
Account No.	
Name of Bank	
Bank Address	

12. Knowledgeandexperience	Yes	No
OCIMF vetting experience:		√
ISGOT knowledge:		√

13. I hereby declare that the above, including Medical History, is true		
Place		

14. ForOfficeuseonly

## 15. SeagoingExperience

[illegible]

**Total rank sea service:**

[illegible]

**Total type of vessel sea service:**

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

