

APPLICATION FORM

Position Applied for Able Seafarer-	
SEAMEN	Date Available from:
ID-RP11973	

1. Personal Data		
Family Name:	First Name:	Middle Name:
Dadashov	Ruslan	Qalib
Date of Birth: 01.01.1986	Place of Birth: ASTARA CITY, AZERBAIJAN	Citizenship: AZERBAIJAN
Permanent Address;		Phone (Home):
AZERBAIJAN, ASTARA	A CITY.	Phone (Business/ Mobile)
		+994507245978
		E-mail: seyhun4@gmail.com

2. Maritime Education									
Name of school	Town	Country	From	То	Type of degree or diploma				
KASPIAN EDUCATION CENTRE	BAKU	AZERBAIJAN			PS000360				

3. Professional Test		
English Test Date	Name of Test	Score
Professional Test Date	Name of Test	Score

4. Family D	etails											
	le, Married, Separate	d, Divorce	d, Wic	dowed)	:							
Next of Kin (the Address of Resid	first emergency cont	tact)							ationship one :			
Address of Nesic	dence							TIIC	ile .			
	Daughter	Son										
Family Name												
First Name												
Date of Birth												
City of living												
Phone												
Numbers												
	_											
	Documents											
Document	Country		ımbeı		Ctr	Plac ate (ce of Issue		Issue D		Expiry Date	
Seaman's	Azerbaijan	DQK	JZU:	9/3					11.08.2	2022	11.08.2027	
Book					maritime administration							
Travel	Azerbaijan	C022	275	71					23.11.2	0010	22.11.2028	
	Azerbaijan	CUZZ	.3/3) / I		Ministry of internal affairs		23.11.2	2010	22.11.2028		
Passport						TAF			2021	07.03.2031		
Civil	Azerbaijan	AA24	627	7.47			KA IK POLIC	_	08.03.2021		07.03.2031	
Passport	Azerbaijari	AAZ4	1027	4/			RTMENT					
						.F /\I	X I IVILIA I					
6. Valid Vis	22											
Country or Union				Туре				Va	lid Until			
<u>, </u>				,,,								
					_							
7. Courses	Attended and	l Certif	icat	es O	btai	ined						
	Document			Nu	mbe	r		ates			Place	
Cortificate of			DD	1244	1	27	10.2022		Expiry			
Certificate of	orsement of COC		KP	1244	-4	۷/.	10.2022			AZEF	RBAIJAN	
Oil Tanker En												
	nker Endorsemen	.+										
On Oil And Ch	g And Qualification Tanker C	argo										
Operations												
Oil Tanker Fa	miliarization Trai	ning										

Result

Professional Interview Date

Chemical Tanker Familiarization

Gas Tanker Familiarization Training
Oil Tankers Specialized Training
Chemical Tanker Specialized

Training

Training

Gas Tanker Specialized Training				
Basic Trainings	SO-2872-22	24.062022	22.06.2027	AZERBAIJAN
Proficiency in Survival Craft and Rescue Boats	SL-1786-22	28.06.2022	28.06.2027	AZERBAIJAN
Advanced Fire Fighting				
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 Course	SI-1529-22	23.06.2022	23.06.2027	AZERBAIJAN
Maltese Endorsement of SSO				
ISM Code	SP-1979-22	30.06.2022	30.06.2027	AZERBAIJAN
Safety Officer				
ECDISTraining Course				
Risk Assessment Course				
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				
Welder				
Turner				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties in compliance with ISPS Code	SH-1243-22	05.07.2022	05.07.2027	AZERBAIJAN

8. Physical Data	
Height	165
Weight	85
Colour of Hair	BLACK
Colour of Eyes	BROWN
Boilersuit Size	XL
Shoes Size	43

9. Medical History Yes No

Have you ever signed off a ship of	due to medical reasons	s?	+
Did you undergo any medical ope	+		
Have you consulted a doctor dur		for an	
illness/accident?			+
Do you have any health or disabi	lity problems now?		+
If yes, please give full details:	•	•	·
	Passed:	Valid till:	
International Medical			
Examination			
Vaccination Against Yellow Fiver	•		
Vaccination Against Diphtheria			
10. References (please give name and a	ddrace of your current or pact	Office remark	'e
employer)	duress or your current or past	Office remark	
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			
Dame, radicoo			
12. Knowledge and experience		Yes	No
OCIMF vetting experience:			
ISGOT knowledge:			
13. I hereby declare that the abo	ve, including Medical	History, is true	
Place Date		Signature	
14 For Office use only			
14. For Office use only			

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
M/V- VOLGO -BALT 226	PANAMA	GENERAL CARGO	2516	Skoda 2x515 KWT	2x700 HP	AZOV 226 SHIPPING CO.LTD	AB	12.05.2023	20.10.2023	5 Monht 2days

15. Seagoing Experience

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

Rank	Years	Type of vessel	Years
Total		Total:	

16.Work Skills. (Things I Can Do)	YES	NO
WELDER	+	
	+	