



## APPLICATION FORM

1	<b>Position</b>		<b>identity card PIN Number : 5WX3HHL</b>
	<b>Position Applied for:</b>	Raiting Forming Part of an Engine- Room Watch	
	<b>Date Available from:</b>	01.12.2023	

2	<b>Personal Information</b>		<b>Gender: Male</b>
	<b>First Name: Namig</b>	<b>Last Name: Ismayilov</b>	
	Date of Birth: 01.09.1994	Place of Birth (City and Country): Azerbaijan, Ucar	
	Email: inamiq929@gmail.com	Mobile Number: (+994) 51 300 09 94	
	Permanent Adress: Ucar dis, Malikbali v	Expected Salary Per Month: 900\$	
	Nationality: Azerbaijan	Alternative rank applying for: No	
	<b>Person to call in emergency: Polad Ismayilov (+994) 50 361 63 74</b>		

3	<b>Family Details: (If Unmarried kindly give details of Father / Mother)</b>				
	<b>First Name</b>	<b>Relation</b>	<b>Last Name</b>	<b>Gender</b>	<b>Contact</b>
	Polad	Father	Ismayilov	Male	(+994) 50 361 63 74
	Natiq	Brother	Ismayilzade	Male	(+994) 50 529 78 61

5	<b>Maritime Education</b>				
	<b>Name of school</b>	<b>Country</b>	<b>From</b>	<b>To</b>	<b>Type of degree or diploma</b>
	Azerbaijan Maritime College (course)	Azerbaijan	2016	2017	12 Month Course

6	<b>Physical Data</b>	
	Height	170
	Weight	60
	Boilersuit Size	S
	Shoes Size	41
	Blood group	O(1)RH+
	Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

7	<b>Seamens Book &amp; Identify Docs</b>					
	<b>DOCUMENT</b>	<b>COUNTRY</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>	<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>
	Seaman Book	Azerbaijan	DQK019146	19.01.2022	Azerbaijan	19.01.2027
	Do you hold a US Visa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry Date: -
	Do you hold a US Visa 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry Date: -
	Have you been rejected for any visa	YES/NO	NO			
	If YES, please state the country and reasons					

KOSUYOLU MH. CENAP SAHABETTIN SOK NO: 56 PK.34718

KADIKOY ISTANBUL / TURKEY

Phone: **+90 216 325 08 00**

E-mail: **[chartering@gngroup.com.tr](mailto:chartering@gngroup.com.tr)**  
**[operation@gngroup.com.tr](mailto:operation@gngroup.com.tr)**

If YES, please state the country and reasons

6

### Professional Test


7

### Licences

National endorsement of certificate of competency (if issued)	RP08535	AZERBAIJAN	UNLIMITED
Flag State Endorsements			

### STCW COURSE

PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-2247-22	UAG	26.05.2022	26.05.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2247-22	UAG	26.05.2022	26.05.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-2247-22	UAG	26.05.2022	26.05.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2247-22	UAG	26.05.2022	26.05.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2247-22	UAG	26.05.2022	26.05.2027
International Safety Managment	Azerbaijan	SP-1523-22	UAG	24.05.2022	24.05.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1174-22	UAG	12.05.2022	12.05.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-1157-22	UAG	23.05.2022	17.052027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2942-23	UAG	07.11.2023	07.11.2028

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(Please give a full record starting with the last vessel on which you served)

[illegible]

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<b>10</b>	<b>For Engineers (Please provide details)</b>		
	Generators		
	Purifiers and Boilers		
	Type of Cranes / No of Reefer Containers		

  

<b>11</b>	<b>Other Experience</b>		
EXPERIENCE AS A STEWARD			

  

<b>12</b>	<b>Travel Documents</b>		
	Name	YES/NO	Country
	Schengen	NO	{ }
	US	NO	{ }
	China	NO	{ }
	Australia	NO	{ }

  

<b>13</b>	<b>Insurance, Health Related Documentation</b>		
	Medical Certificate (Fit for Duty)	YES/NO	YES
	<b>Vaccination</b>		
	Yellow Fever	YES/NO	NO
	COVID-19	YES/NO	YES

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

  

<b>14</b>	<b>Medical history</b>		
	Have you ever signed off a ship due to medical reasons?	YES/NO	NO
	Have you undergone any operation in the past?	YES/NO	NO
	Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
	Do you have any health or disability problems now?	YES/NO	NO
	Do you take any medications regularly?	YES/NO	NO

  

<b>15</b>	<b>General</b>		
	Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
	Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

  

<b>16</b>	<b>References (Please give the name and address of your current or immediate past employer)</b>		
	Name of company	<b>1.</b>	<b>2.</b>
	Name of person to contact		
	Address		
	☎ No.		

**Declaration**

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_