





1	Position	identity card PIN Number 6A5NLY7
	Position Applied for:	Raiting forming part of a navigational wach
	Date Available from:	07.12.2023

Personal Infromation 2 Gender: Male First Name: Nariman Last Name: Sadigov Date of Birth: 04.06.1997 Place of Birth (City and Country): Azerbaijan, Salyan Email:312nerman@gmail.com Mobile Number: (+994) 70 406 19 97 Permanent Adress: Xirdalan Qushculuq Expected Salary Per Month: 850\$ massivi, Mehemmed esedov Nationality: Azerbaijan Alternative rank applying for: Raiting forming part of a navigational wach Person to call in emergency: (+994) 55 921 32 70 MOTHER

3	Family Details: (If	Unmarried kindly give details of Father / Mother)			
	First Name	Relation	Last Name	Gender	Contact
	Gultekin	Mother	Sadiqov	Female	055 921 32 70
	llqar	Uncle	Sadiqov	Male	055 588 32 28

5	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	KAINAT	Azerbaijan	05.01.2017	06.13.2017	Course

Physical Data	
Height	172
Weight	70
Boilersuit Size	XL
Shoes Size	43
Blood group	A(II)RH+
Additional Physical Information:{You can write any other	information you want to add about your physique in this field.}

Seamens Book & Id	dentify Docs						
DOCUMENT	COUNTRY	NUMBER		DATE OF ISSU	E PLACE	OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 025786		17.11.2023	Azerbaij	an	17.11.2028
Cecificate of Com	Azerbaijan	13877		04.11.2023	Azerbaij	an	-
·			·				
Do you hold a US Vi	sa 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vi	sa 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-

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

KADIKOY ISTANBUL / TURKEY Phone: +90 216 325 08 00

E-mail: chartering@gngroup.com.tr

operation@gngroup.com.tr

Have you been rejected for any visa applied for?	YES/NO	NO
If YES, please state the country and reasons	-	

6 Professional Test

<b>Professional Test Date</b>	Name of Test	Score
-	-	-

Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijjan	ASMA, BAKU	04.11.2023
Flag State Endorsements			

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Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-4919-23	UAG	28.09.2023	22.09.2028
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4919-23	UAG	28.09.2023	22.09.2028
ELEMENTARY FIRST AID	Azerbaijan	SO-4919-23	UAG	28.09.2023	22.09.2028
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4919-23	UAG	28.09.2023	22.09.2028
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4919-23	UAG	28.09.2023	22.09.2028
International Safety Managment	Azerbaijan	SP-3352-23	UAG	06.10.2023	26.09.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3810-23	UAG	06.10.2023	06.10.2028
Security Awareness Training For All Seafarers	Azerbaijan	SI-3190-23	UAG	2909.2023	26.09.2028
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2929-23	UAG	07.11.2023	07.11.2028
Ship Security Officer	Azerbaijan		UAG		
Leadership & Teamwork	Azerbaijan		UAG		
Advanced Training in Fire Fighting	Azerbaijan		UAG		
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan		UAG		
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan		UAG		
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan		UAG		
Medical First Aid	Azerbaijan		UAG		
Medical Care	Azerbaijan		UAG		
Global Maritime Distress and Safety System general operator	Azerbaijan		UAG		
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan		UAG		
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan		UAG		
Bridge Resource Management	Azerbaijan		UAG		
Ship Handling and Maneuvering	Azerbaijan		UAG		
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan				
1000v	Azerbaijan				
Dangerous, hazardous and harmful cargoes;(STCW Code, A-II/1, A-II/2, B-V/b, B-V/c)	Azerbaijan				
Proficiency in Fast Rescue Boats					
Passangers safety, cargo safety and hull intrgrity training	Azerbaijan				
Bohran					
Izdiham					
İnert Gas System	I .	1	1	1	

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## Seagoing Experience

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

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF

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Generators					
Purifiers and Boilers	-				
Type of Cranes / No of Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Date pf E	ynire
Schengen		YES/NO	NO	- Date pit	-75116
US		YES/NO	NO	-	
China		YES/NO	NO	-	
Australia		YES/NO	NO	-	
Insurance, Health Related De	ocumentation				
mourance, realth related by	ocumentation				
				YES/NO	Y
Medical Certificate (Fit for Du		Vaccina	tion		Y
Medical Certificate (Fit for Du		Vaccina	tion	YES/NO	1
Medical Certificate (Fit for During Yellow Fever COVID-19	ty)			YES/NO YES/NO	
Medical Certificate (Fit for Dur Yellow Fever COVID-19	ty)			YES/NO YES/NO	
Medical Certificate (Fit for Dur Yellow Fever COVID-19 answer is YES to any of the a	ty)			YES/NO YES/NO	Y
Medical Certificate (Fit for During Yellow Fever COVID-19 answer is YES to any of the a Medical history  Have you ever signed off a sh	bove, please giv	e full details and atta		YES/NO YES/NO YES/NO	l Y
Medical Certificate (Fit for During Yellow Fever COVID-19 answer is YES to any of the at Medical history  Have you ever signed off a shady you undergone any ope	bove, please giv	e full details and atta	ach a separate page if	YES/NO Necessary)  YES/NO YES/NO YES/NO	1 Y
Medical Certificate (Fit for During Yellow Fever COVID-19 answer is YES to any of the at Medical history  Have you ever signed off a shad Have you undergone any ope Have you consulted a doctor of the same and the	bove, please givelip due to medical ration in the past during the last 12	e full details and atta	ach a separate page if	YES/NO YES/NO  YES/NO  YES/NO YES/NO YES/NO	1 Y
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Medical Certificate (Fit for During Yellow Fever COVID-19  answer is YES to any of the	bove, please givelip due to medical ration in the past during the last 12 sability problems regularly?	e full details and attail reasons? ? ? months for an illnes now?	es/accident?	YES/NO YES/NO  YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	I Y

Name of company 1.- 2.

Name of person to contact - Address -

References (Please give the name and address of your current or immediate past employer)

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<a href="mailto:operation@gngroup.com.tr">operation@gngroup.com.tr</a>

≅ No.
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## Declaration

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

I am familiar with it, I confirm with my signature

Date: 07.12.2023