



APPLICATION FORM

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Personal ID Number											

Position Applied for	Date Available from:
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1. Personal Data		
Family Name: RASUL	First Name: QIYASOV	Middle Name:
Date of Birth: 21.06.1997	Place of Birth (City and Country): AZERBAIJAN, KHACHMAZ	Citizenship: Azerbaijan
Permanent Address: AZERBAIJAN, KHACHMAZ, KHUDAT CITY		Phone (Home): +994557391319 Phone (Business/Mob) E-mail:

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
Azerbaijan State "Kainat-M TM" LLC	Baku	AZERBAIJAN	2021	2021	Rating forming part of a navigational watch

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

4. Family Details					
Civil Status (Single)					
Next of Kin (the first emergency contact)				Relationship	
Address of Residence				Phone :	
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	AZERIBAIJAN	DQK 018139	AZERBAIJAN	10.08.2021	10.08.2026
Travel Passport					
Civil Passport	AZERIBAIJAN	AZE 13562165	AZERBAIJAN	30.11.2013	21.06.2022

6. Valid Visa		

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	

Rating forming part of a navigational watch	ID№ RP10931 Certificate№ 0248/22	21.02.2022	Infinite	Azerbaijan
Proficiency in survival craft and boats other than fast rescue boats	SI-1131-21	10.09.2021	10.08.2026	Azerbaijan
Safety familiarization training, personal survival techniques, fire prevention and fire fighting, elementary first aid, personal safety and social responsibilities	SO-2492-21	22.09.2021	22.09.2026	Azerbaijan
Ship Security-related familiarization security-awareness training	SL-1610-21	20.09.2021	10.09.2026	Azerbaijan
Maltese Endorsement of SSO				
ISM Code	SP-1737-21	20.09.2021	07.09.2026	Azerbaijan
Training of seafarers with designated security duties	SH-0854-21	14.09.2021	13.08.2026	Azerbaijan

8. Physical Data

Height	176
Weight	60
Colour of Hair	black
Colour of Eyes	brown
Boilersuit Size	39
Shoes Size	40

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		
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

10. References (please give name and address of your current or past employer)

Office remarks

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. Knowledge and experience

	Yes	No
OCIMF vetting experience:		
ISGOT knowledge:		

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

Place	Date	Signature
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14. For Office use only

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15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DWT	Eng Type	HP	Manager or Owner	Rank	From d/m/y	To d/m/y	Total m/d
EVGENIA Z	PALAU	CARGO	3994			CUNDA DENIZCILIK LTD	ABLE DESK	22.08.2022	28.03.2023	
Intersea Traveles	PALAU	Container	38000			Trust Marine Management	AB	19.07.2023	17.11.2023	

Total rank sea service:

Total type of vessel sea service:

Rank	Years		Type of vessel	Years
Total				