



APPLICATION FORM

1	Position	identity card PIN Number 67HWA0Q					
	Position Applied for:	2 ND OFFICER					
	Date Available from:	01.04.2024					

Personal Information Gender: Male 2 First Name: ALI Last Name: ISMAYILLI Date of Birth: 09.12.1997 Place of Birth (City and Country): Azerbaijan, JALILABAD Mobile Number: (+994) 70 725 55 76 / +90 5319457950 Email: Ali.ismayilli1@gmail.com Permanent Adress: Jalilabad d, Nizami **Expected Salary Per Month:** 3500\$ street, home 11 Nationality: Azerbaijan Alternative rank applying for: 2ND OFFICER Person to call in emergency: (+994) 55 762 9109 Cousin

Family Details: (If Unmarried kindly give details of Father / Mother)

First Name Last Name Gender Relation Contact

Shahlar Balashov Male Cousin +994 55 7629109

Maritime EducationName of schoolCountryFromToType of degree or diplomaAzerbaijan State Marine AcademyAzerbaijan15.09.201630.05.2020Bachelor

Height

Height

170

Weight

Boilersuit Size

Shoes Size

Blood group

Additional Physical Information:{You can write any other information you want to add about your physique in this field.}

Seaman's Book & Identify Docs

DOCUMENT COUNTRY NUMBER DATE OF ISSUE PLACE OF ISSUE EXPIRY

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

5

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Seaman Book	Azerbaijan	DQK 0181	55	12.08.2021	Azerbaijan		12.08.2026
Republic of Azerbaijan	Azerbaijan	C0005257	1	21.07.2016	Azerbaijan	Azerbaijan	
Certificate of Competency	Azerbaijan	0007527		19.07.2022	Azerbaijan	Azerbaijan	
Do you hold a US Vis	sa 'C1/D'?	a 'C1/D'? YES/NO NO		Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	YES/NO	NO	Issue Date:	-	Expiry	Date:-	
Have you been rejec	ted for any visa ap	YES/NO	NO	•			
If YES, please state	the country and re	asons		-			

Professional Test

Professional Test Date	Name of Test	Score
-	-	-

Licences

Name	Issuing Country	Place Issued	Valid Until
National endorsement of certificate of competency (if issued)	Azerbaijan	ASMA, BAKU	19.07.2027
Flag State Endorsements	Panama	Panama City	19.07.2027

9

8

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-2055-21	UAG	13.08.2021	13.08.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-2055-21	UAG	13.08.2021	13.08.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-2055-21	UAG	13.08.2021	13.08.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-2055-21	UAG	13.08.2021	13.08.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-2055-21	UAG	13.08.2021	13.08.2026
International Safety Management	Azerbaijan	SP-1450-21	UAG	16.08.2021	30.07.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-1199-21	UAG	12.08.2021	03.08.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-0953-21	UAG	10.08.2021	06.07.2026
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0632-21	UAG	12.08.2021	08.07.2026
Ship Security Officer	Azerbaijan		UAG		
Leadership & Teamwork	Azerbaijan	DL-0905-22	UAG	07.06.2022	07.06.2027
Advanced Training in Fire Fighting	Azerbaijan	SJ-0832-22	UAG	30.06.2022	30.06.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan				
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan				
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan				
Medical First Aid	Azerbaijan	SN-0648-22	UAG	10.06.2022	10.06.2027
Medical Care	Azerbaijan		UAG		
Global Maritime Distress and Safety System general operator	Azerbaijan	DQ- 0321-19	UAG	11.07.2019	11.07.2024
Radar, ARPA, bridge teamwork and search and rescue	Azerbaijan	SR-0049-20	UAG	25.02.2020	07.01.2025
Operational Use of Electronic Chart Display and Information Systems (ECDIS)	Azerbaijan	SZ-0133-20	UAG	06.03.2020	21.01.2025
Bridge Resource Management	Azerbaijan	SW-0300-22	UAG	03.06.2022	03.06.2027
Ship Handling and Maneuvering	Azerbaijan				

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

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
ASCO	Professor Gul	Azerbaij an	Ro-Ro			76(60)		Deck Cadet	22.06. 2017	18.10. 2017		End of Contract
ASCO	MV Mahmud Rahimov	Azerbaij an	Dry Cargo			AN		Deck Cadet	02.08. 2018	31.10. 2018		End of Contract
ASCO	Akademik Zarifa Aliyeva	Azerbaij an	Ro-Ro					Deck Cadet	13.07. 2019	31.08. 2019		End of Contract
ASCO	Barda	Azerbaij an	Ro-Ro					Deck Cadet	24.01. 2020	01.06. 2020		End of Contract
GN Group	MV Tiber River	Panama	Dry Cargo				4	A/B	07.09. 2021	21.05. 2022		End of Contract
Blueline Shipping	M/V Garakac	Camero on	Ro-Ro passang er					2 ND Off	04.09. 2022	14.01. 2023		End of Contract
Azov 217 CO	M/V Volgo Bat 217	Panama	Dry Cargo					2 ND Off	20.01. 2023	02.04. 2023		End of Contract
GN Group	Rhone River	Panama	Dry Cargo			U.A		2 ND Off				End of Contract
							7.0					

Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Generators					
Purifiers and Boilers	-				
Type of Cranes / No of					
Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country NO	Date	pf Expire
Schengen US		YES/NO YES/NO	NO NO		-
China		YES/NO YES/NO	NO		-
Australia		YES/NO	NO		-
Insurance,Health Related I	Documentation				
Medical Certificate (Fit for D				YES/NO	<u> </u>
modical Continuate (1 it 101 D	ary)	Vaccin	ation	TES/NO	
Yellow Fever				YES/NO	
				1 20/110	
COVID-19 e answer is YES to any of the	above, please giv	e full details and at	tach a separate page it	YES/NO	Y
COVID-19 e answer is YES to any of the	above, please giv	e full details and at	tach a separate page it	YES/NO	
	above, please giv	e full details and at	tach a separate page it	YES/NO	
	above, please giv	e full details and at	tach a separate page il	YES/NO	
e answer is YES to any of the Medical history Have you ever signed off a second	ship due to medica	I reasons?	tach a separate page it	YES/NO f necessary) YES/NO	
Medical history Have you ever signed off a s Have you undergone any op	ship due to medica	I reasons?		YES/NO f necessary) YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor	ship due to medica peration in the past r during the last 12	I reasons? ? ! months for an illne		YES/NO YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a selection and population and populati	ship due to medica peration in the past r during the last 12 lisability problems	I reasons? ? ! months for an illne		YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor	ship due to medica peration in the past r during the last 12 lisability problems	I reasons? ? ! months for an illne		YES/NO YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d	ship due to medica peration in the past r during the last 12 lisability problems s regularly?	I reasons? ? ! months for an illne now?	ess/accident?	YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a s Have you undergone any op Have you consulted a doctor Do you have any health or d Do you take any medications	ship due to medica peration in the past r during the last 12 lisability problems s regularly?	I reasons? ? ! months for an illne now?	ess/accident?	YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a see Have you undergone any ope Have you consulted a doctor Do you have any health or dependent of the Do you take any medications (If the answer is YES to a	ship due to medica peration in the past r during the last 12 lisability problems s regularly?	I reasons? ? ! months for an illne now?	ess/accident?	YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO YES/NO	
Medical history Have you ever signed off a see Have you undergone any open Have you consulted a doctor Do you have any health or do you take any medications (If the answer is YES to a General	ship due to medica peration in the past r during the last 12 lisability problems s regularly? any of the above, p	I reasons? ? ! months for an illne now? lease give full deta	ess/accident? ils and attach a separa	YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO YES/NO TES/NO YES/NO	y)
Medical history Have you ever signed off a see Have you undergone any ope Have you consulted a doctor Do you have any health or de Do you take any medications (If the answer is YES to a General Have you ever been the subj	ship due to medica peration in the past or during the last 12 lisability problems or regularly? Inny of the above, p	I reasons? ? ! months for an illne now? lease give full deta	ess/accident? ils and attach a separa n a maritime accident?	YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO YES/NO TES/NO YES/NO	y)
Medical history Have you ever signed off a selection and the process of the proc	ship due to medical peration in the past of the last 12 disability problems is regularly? In the above, properties a court of expect of a court of expectational license suspensional license suspens	I reasons? ? ! months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separa n a maritime accident?	YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history Have you ever signed off a see Have you undergone any ope Have you consulted a doctor Do you have any health or dependent of the Do you take any medications (If the answer is YES to a	ship due to medical peration in the past of the last 12 disability problems is regularly? In the above, properties a court of expect of a court of expectational license suspensional license suspens	I reasons? ? ! months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separa n a maritime accident?	YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history Have you ever signed off a see Have you undergone any open Have you consulted a doctor Do you have any health or dependent of Do you take any medications (If the answer is YES to a General Have you ever been the subject of Have you ever had a profess	ship due to medical peration in the past of the last 12 disability problems is regularly? In the above, properties a court of expect of a court of expectational license suspensional license suspens	I reasons? ? ! months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separa n a maritime accident?	YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	y)
Medical history Have you ever signed off a see Have you undergone any open Have you consulted a doctor Do you have any health or dependent of Do you take any medications (If the answer is YES to a General Have you ever been the subject of Have you ever had a profess	ship due to medical peration in the past of the last 12 disability problems is regularly? In the above, properties a court of expect of a court of expectational license suspensional license suspens	I reasons? ? ! months for an illne now? lease give full deta enduiry or involved in ended or revoked?	ess/accident? ils and attach a separa n a maritime accident?	YES/NO f necessary) YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO	/NO

ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply

Technical Management Ship Brokering Surveying & Monitoring New Building & Repair

Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

40	
16	References (Please give the name and address of your current or immediate past employer)
•	

Name of company	1. GN GROUP	2.
Name of person to contact	Ali Aliyev	
Address	Turkiye , Istanbul Kadikoy merkezi	
Addless	kosuyolu	
To.	+90 546 679 62 52	

17	Declaration

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

I have read it, I am familiar with it, I confirm with my signature.

	Date:	02.01.2024
Signature		

Ship Management ISM&ISPS Management Ship Agency Consultations Provision, Ship Supply Yacht Management Technical Management Ship Brokering Surveying & Monitoring New Building & Repair