APPLICATION FORM

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Personal ID Number											

Position Applied for: COOK	**Date Available from:ANY TIME**

1. PersonalData		
Family Name. **V** **EVEYSALOV**	**First Name:FAIG**	**Middle Name: MAMMADRAHIM**
Date of Birth:10.11.1988	Place of Birth: AZERBAIJAN,ASTARA	Citizenship: **AZEBAIJANIAN**
Permanent Address: AZERBAIJAN,ASTARA region, PEN SAR village.		Phone (Home): NO Phone (Business/ Mobile): +994507452676 E-mail: VEYSELOV.FAIQ.88@inbox.ru

2. MaritimeEducation

Nameofschool	Country	Town	From	To	Type of degree or diploma
IST SERVICE	AZERBAIJAN		2023	2023	IST SERVICE

3. ProfessionalTest

EnglishTestDate	NameofTest	Score
ProfessionalTestDate	NameofTest	Score
ProfessionalInterviewDate	Result	

4. FamilyDetails

Civil Status(Single, Married, Separated, Divorced, Widowed) : SINGL

Next of Kin (the first emergency contact) : VEYSALOV MAMMADRAHIM	**Relationship / FATHER**
Address of Residence: AZERBAIJAN,ASTARA	Phone :+994507452676

	Doughter	Son			
FamilyName		NO			
FirstName					
DateofBirth					
Cityofliving					
PhoneNumbers					

5. IdentityDocuments

Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate

Seaman'sBook	**AZERBAIJAN**	**AZE030295**	**State Maritime Administration**	**14/10/2023**	**14/10/2028**
TravelPassport	**AZERBAIJAN**	**C02199193**	**AZERBAIJAN ASTARA**	**18.11.2018**	**17.11.2028**

6. ValidVisa

CountryorUnion	Type	ValidUntil

7. Courses Attended and Certificates Obtained

Document	Number	Dates		Place
		Issue	Expiry	
CertificateofCompetency				
MalteseEndorsementof COC				
OilTankerEndorsement				
ChemicalTankerEndorsement				
GasTankerEndorsement				
Advanced training for oil tanker cargo operations				
ChemicalTankerFamiliarizationTraining				
GasTankerFamiliarizationTraining				
OilTankersSpecializedTraining				
ChemicalTankerSpecializedTraining				
GasTankerSpecializedTraining				
BasicTrainings	**SO-3467-23**	**13.07.2023**	**20.06.2028**	**State Maritime Administration**
Proficiency in Survival Craft and Rescue Boats	**SL-2365-23**	**14.07.2023**	**25.06.2028**	**State Maritime Administration**
AdvancedFireFighting				
MedicalFirstAidTraining	**RP13695**	**22.03.2023**	**22.03.2028**	**State Maritime Administration**
Medical First Aid Training and Medical Care				
RO-ro				
Crisis management and human behavior training				
RadarObservation&Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
BridgeTeamManagement				
Shiphandling&Maneuvering				
Ship Security-related familiarization security-awareness training	**SI-2126-23**	**11.07.2023**	**21.06.2028**	**State Maritime Administration**
MalteseEndorsementof SSO				
ISM Code	**SP-2440-23**	**26.07.2023**	**04.07.2028**	**State Maritime Administration**
SafetyOfficer				
ECDISTrainingCourse				
RiskAssessmentCourse				
C.O.W./ I.G.S				
FirePracticeonTankers				
VapourRecoverySystem				
UnmannedMachinerySpace				
FRAMO FamiliarizationCourse				
Cargo Ballast Operations on Oil/Chemical Tankers				
Engine resoursce management				
Leadership and Teamwork				
High woltage				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties	**SH-1848-23**	**27.07.2023**	**05.07.2028**	**State Maritime Administration**
Dangerous hazardous and harmfull cargoes				
BasicTraining and qualifications on oil and chemical tanker cargo operations				

8. PhysicalData	
Height	**173**
Weight	**74**
ColourofHair	**Black**
ColourofEyes	**Chestnut**
BoilersuitSize	43
ShoesSize	XL

9. MedicalHistory	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:	Validtill:
InternationalMedicalExamination	01.05.2023	01.05.2025
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		

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

NameofCompany		
Name of person to contact		
Address		
Phone		

NameofCompany		
Name of person to contact		
Address		
Phone		

11. Bankaddressforallotments	
Beneficiary	
AccountNo.	
NameofBank	
BankAddress	

12. Knowledgeandexperience	Yes	No
OCIMF vettingexperience:		
ISGOT knowledge:		

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

14. ForOfficeuseonly

15. SeagoingExperience

Nameofvessel	Flag	Vessel's Type	DWT	EngType	HP	ManagerorOwner	Rank	From d/m/y	To d/m/y	Total m/d

Total rank sea service:

Rank	Years
Total	

Total type of vessel sea service:

Typeofvessel	Years
OIL TANKER	
LPG	
DRY CARGO	
TANKER ICE	
OIL /CHEMICAL TANKER	
FERRY	
Total:	