

APPLICATION FOR POSITION AS AB SEAMAN					OTHER POSITION (IF ANY)					AB SEAMAN		
1. PERSONAL DETAILS												
TITLE MR/MRS/MISS MR					SEX			MALE	X	FEMALE		
SURNAME AGHAYEV												
FIRST NAME	FARAHIM	FARAHIM			OTHERS NAMES		N/A					
DATE OF BIRTH		12.01.1994	12.01.1994			PLACE OF BIRTH		AZERBAIJAN				
NATIONALITY		AZERBAIJA	AZERBAIJANIAN			MARITAL STATUS		MARRIED				
COLOUR OF EY	/ES	BROWN	BROWN			COLOUR OF HAIR			BLACK			
MOTHER'S NAM	ΛE	GULCOHRA	1		FATHER'S NAME			AZAR				
MOTHER'S MAI	DEN NAME	AGHAYEVA	1		_							
HEIGHT (CM)		185			WEIGH	WEIGHT (KG) 102						
NEAREST INTE	RNATIONA	L AIRPORT:	H.ALIYI	EV IN	TERNATI	ONAL	AIRPORT					
2. ADDRESS	2. ADDRESS (TEMP.) FROM/TO:											
NO & STREET BILAJARI DISTRICT, XAQANI ST, HOME 31A			NC	& STRE	& STREET N/A							
CITY BAKU			CIT	ΓΥ	N/A							
POST CODE AZ1124			PC	ST COD	E	N/A						
COUNTRY AZERBAIJAN			CC	UNTRY		N/A						
TEL. NO. +994556176234			TE	L. NO.								
MOBILE	+994556176234			MC	OBILE N/A							
E-MAIL	ferahim.agayev94@icloud.com			E-N	MAIL N/A							
FAX	N/A			FA	XX N/A							
3. NEXT OF K	IN					1						
FULL NAME	IE GULCOHRA AGHAYEVA					RELATIONSHIP MOTHER				IER		
ADDRESS		RI DISTRICT, XAC	QANI ST, HO	ME 3	1A	I						
CITY	BAKU	BAKU			COUNTRY					RBAIJAN		
TEL. NO. MOBILE				+994558596805			FAX N	O. N/A				
4. TRAVEL DOCUMENTS												
		DOCUMENT N						BY (AUTHORITY		PLACE OF ISSUE		
PASSPORT		C04083632	05.09.2	05.09.2023				MINISTRY OF NTERNAL AFFAIR:		AZERBAIJAN		
SEAMAN BOOK D		DQK 024882	05.09.2	05.09.2023		3 05.09.2028		AZERBAIJAN STAT MARITIME ADMINISTRATION		AZERBAIJAN		

5. EDUCATION

SCHOOL NAME AZER	RBAIJAN MARI	NE FISHIG	INDUS	STRIAL CO	DLLE	GE	FRC	M	2010	ТО	20	11
6. PROFESSIONAL QUAL	IFICATION	CERTIF	ICATE	E OF CO	MPE	TEN	CY					
CERTIFICATE NAM	NUMBER					XPIRY DATE		ISSUED BY (AUTHORITY)		ISS	SUED AT	
ABLE SEAFARER DEC	К	1273/18		07.09.20	07.09.20		09.202	AZERBAI. 28 STATE MAR ADMINISTRA		RITIME A		ERBAIJAN
7. LANGUAGES								,			,	
ENGLISH	LUENT	GOOD			X		FAIR			POOF	₹	
TURKISH	LUENT	X GOOD					FAIR			POOF	₹	
RUSSIAN	LUENT		GOOD		X		FAIR			POOF	OR	
8. HEALTH CERTIFICATE	S & VACCIN	IATIONS										
FLAGE STATE	NUMBI	NUMBER		SSUE DATE					SSUED BY UTHORITY)		ISSUED AT	
Yellow fever	MM001 PEOZO			4.09. 2023								
9. SAFETY CLOTHING							•					
BOILERSUIT SIZE	XXL			BOOT	S SIZ	ĽΕ			44			
10. MARINE COURSES												
COURSE NAME	NUM	NUMBER		SSUE DATE				ISSUED BY (AUTHORITY)			ISSI	JED AT
H ₂ S	221129	2961447290		9.2022		NON						
SHIP SECURITY-RELATED FAMILIARIZATION SECURITY- AWARENESS TRAINING	SI-133	SI-1338-21		11.2021	.2021 28.10.202		26 STATI		AZERBAIJAN ATE MARITIME MINISTRATION		AZEF	RBAIJAN
STCW-78	SO-31	SO-3149-23		07.2023	2023 16.06.202		28	STAT	ZERBAIJAN TE MARITIME IINISTRATION		AZEI	RBAIJAN
INTERNATIONAL SAFETY MANAGEMENT CODE	SP-20	SP-2013-23		06.2023	21.06.2028		28	AZERBAIJAN STATE MARITIM ADMINISTRATIO		ME		
PROFICIENCY IN SURVIVAL CRAFT AND BOATS OTHER THAN FAST RESCUE BOATS	SL-22	95-23	12.0	07.2023	08.06.2028		28	AZERBALJAN STATE MARITIME ADMINISTRATION		ME	AZEI	RBAIJAN
PROFICIENCY IN FAST RESCU BOATS	JE SU-03	59-22	16.	12.2022	16.12.2027		27	AZERBAIJAN STATE MARITIME ADMINISTRATION		ME	AZEF	RBAIJAN
TRAINING FOR SEAFARERS WITH DESIGNATED SECURITY DUTIES		2467-23	11.	.09.2023	11	1.09.2	9.2028 STAT		AZERBAIJAN STATE MARITIME ADMINISTRATION		AZEI	RBAIJAN
EXTRACT FROM SEAFARE MEDICAL CERTIFICATE	S		13	.02.2026	13.	.02.20	26	UN	NICLINIC		AZEI	RBAIJAN

COMPLETE SEA – SERVICE DETAILS

(LAST VESSELS FIRST)

NAME: FARAHIM AGHAYEV

RANK: ABLE
SEAMAN

AVAILABILITY
DATE: NOW

COMPANY NAME	RANK	VESSEL NAME	SIGNED ON	SIGNED OFF	PERIOD IN MONTH S (eg 4.2)	TYPE OF VESSEL	D.W.T.	ENGINE TYPE (ENGINEERS ONLY)	ВНР	KW
BUE CASPIAN	AB	CASPIAN VOYAGER	05.07.2016	19.07.2016		PSV DP2	2994	MAK	3000 (x2)	2210 (x2)
BUE CASPIAN	AB	CASPIAN CHALLENGER	17.09.2020	24.10.2020	41 DAY	PSV DP2	3107	MAK		
BUE CASPIAN	AB	CITADEL	08.05.21	01.06.21	1 month	OFFSHORE TUG/SUPPLY SHIP	2148	MAK	3500	2560
BUE CASPIAN	AB	TOPAZ DIGNTY	28.01.21	12.04.21	2 WEEK	PSV DP2	2148	MAK	3500	2560
BUE CASPIAN	AB	TOPAZ TRIUMPH	22.07.2016	05.09.2023	7 YEAR	PSV DP2	2148	MAK	2700	1980
TOPAZ MARINE	AB	TOPAZ KAMA	06.10.2023	28.12.2023	4 MONTH	GENERAL CARGO	3183			3000

TE

Application Date: 01.09.2023

Officer Application Form	Ref .No			
••	(For Officia	l Use)		
Medical History				
Have you ever signed off from a ship due to medical reasons?				
Trave you ever signed on from a sinp due to modical reasons.			NO	
Maria distribution described				
(If yes give details)				*yes/no
Name of Vessel		ccurrence		
Name of Vessei		(dd-mr	ım-yyyy)	
Brief Description Of illness/Injury/Accident				
		Details		
Have you ever suffered from any ailment or disease in the past that unfit for sea service or likely to endanger the health /well being of or				
unificial sea service of likely to endanger the health/well belling of or	iners oriboard?	NO		
MIN and the date that	+\/ /\		_	
(If Yes give details)	*Yes/No		Details	
Do you have any bodily defects or deficiencies?				
		NO		
(If You give details)	*Yes/No		_	
(If Yes give details)		Details		
Are you currently suffering from any ailment or disease that is likely				
sea service or likely to endanger the healthy /well being of others or	nboard?	NO		
(If You wire details)	*Yes/No		-	
(If Yes give details)		Details		
Are you addicted to alcohol or drug of any kind?				
		NO		
(If Yes give details)	*Yes/No		-	
		<u> </u>	Details	
Are you suffering from an ailment that requires you to be on a long - treatment/medication?	NO			
		110		
(If Yes give details)	*Yes/No		D 4 "	
Have you ever deported or banned from entering any country?			Details	
Trave you ever deported or barried from entering any country:		NO		
(m)			_	
(If Yes give details)	*Yes/No		Details	
Have you ever been convicted of a criminal or drug offence or have				
		NO		
(If Yes give details)	*Yes/No		1	
			Details	
Do you have any obligations towards your current/previous employe	ers?	NO		
		NO		
(If Yes give details)	*Yes/No		-	
(····- g··· · · · · · · · · · · · · · · ·	. 55/110		1	

I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief; further, that no certificate of competency or License issued to me has ever been Revoked or Suspended. I also certify that my medical history contained above is true and any false statement or undisclosed Material information about past illness or injury will disqualify me from any employment benefits and claims.