APPLICATION FORM



6 4 5 Q G 2 3

Personal ID Number

Position Applied for: 3/4 WIOTORMAN TIME	Position Applied for:3/4 MOTORMAN	Date Available from: ANY TIME
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1. PersonalData					
Family Name: JAFAROV	First Name: RUSLAN	Middle Name: ABID			
Date of Birth: 27.04.1997	Place of Birth: AZERBAIJAN ASTARA	Citizenship: AZERBAIJAN			
Permanent Address: AZERBAIJAN ,MASALLI		Phone (Home): Phone (Business/ MobileE-mail: +994 51 682 49 42			

2. MaritimeEducation					
Nameofschool	<u>Town</u>	Country	<u>From</u>	<u>To</u>	Type of degree or diploma
CASPIAN	BAKU	AZERBAIJAN	04.07.2022	30.12.2022	

3. ProfessionalTest		
EnglishTestDate	<u>NameofTest</u>	Score
<u>ProfessionalTestDate</u>	NameofTest	Score
<u>ProfessionalInterviewDate</u>	Result	

4. FamilyDetails	
Civil Status(Single, Married, Separated, Divorced, Widowed): SINGLE	
Next of Kin (the first emergency contact)	Relationship /
Address of Residence:	Phone

			-	T	
	<u>Doughter</u>	Son			
<u>FamilyName</u>					
<u>FirstName</u>					
<u>DateofBirth</u>					
Cityofliving					
<u>PhoneNumbers</u>					

5. IdentityDocu	ments_				
<u>Document</u>	<u>Country</u>	<u>Number</u>	<u>PlaceofIssue</u>	<u>IssueDate</u>	<u>ExpiryDate</u>
Seaman'sBook	<u>AZERBAIJAN</u>	<u>AZE024771</u>	AZERBAIJAN BAKU	19.04.2022	19.04.2027
TravelPassport	AZEBAIJAN	<u>C01750156</u>	AZERBAIJAN MASALLI	26.12.2017	<u>25.12.2027</u>

6. ValidVisa			
<u>CountryorUnion</u>	<u>Tvpe</u>	<u>ValidUntil</u>	

7. Courses Attended and Certificates Obtained					
Document	Number	<u>Dates</u>		Place	
<u> </u>	<u>rannoci</u>	<u>Issue</u>	Expiry	<u> </u>	
CertificateofCompetency	RP11413	<u>08.06.2022</u>		AZEBAIJAN BAKU	
MalteseEndorsementof COC					
<u>OilTankerEndorsement</u>					
ChemicalTankerEndorsement					
<u>GasTankerEndorsement</u>					
OilTankerFamiliarizationTraining					
ChemicalTankerFamiliarizationTraining					
GasTankerFamiliarizationTraining					
<u>OilTankersSpecializedTraining</u>					
ChemicalTankerSpecializedTraining					
GasTankerSpecializedTraining					
<u>BasicTrainings</u>	<u>SO-2211-22</u>	19.05.2022	11.05.2027	AZERBAIJAN BAKU	
Proficiency in Survival Craft and Rescue Boats	<u>SL-1247-23</u>	16.05.2022	16.05.2027	AZERBAIJAN BAKU	
AdvancedFireFighting					
<u>MedicalFirstAidTraining</u>					
Medical First Aid Training and Medical Care					
<u>GMDSS</u>					
GMDSS Endorsement					
RadarObservation&Plotting					
Automatic Radar Plotting Aids Simulator					
(ARPA)					
<u>BridgeTeamManagement</u>					

Shiphandling&Maneuvering				AZEDDAHAN
Ship Security-related familiarization security- awareness training	SI-1104-22	23.05.2022	12.05.2027	<u>AZERBAIJAN</u> <u>BAKU</u>
MalteseEndorsementof SSO				
ISM Code	SP-1483-22	19.05.2022	18.05.2027	AZERBAIJAN BAKU
SafetyOfficer				
<u>ECDISTrainingCourse</u>				
<u>RiskAssessmentCourse</u>				
C.O.W./ I.G.S				
<u>FirePracticeonTankers</u>				
<u>VapourRecoverySystem</u>				
<u>UnmannedMachinerySpace</u>				
FRAMO FamiliarizationCourse				
Cargo Ballast Operations on Oil/Chemical Tankers				
<u>HazardousMaterials</u>				
Welder				
<u>Turner</u>				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties	SH-0901-22	20.05.2022	20.05.2027	AZERBAIJAN BAKU
Dangerous hazardous and harmfull cargoes				
BasicTraining and qualifications on oil and chemical tanker cargo operations				

8. PhysicalData		
Height	<u>173</u>	
Weight		
<u>ColourofHair</u>		
ColourofEyes	BRAOWN	
<u>BoilersuitSize</u>		
ShoesSize		

9. MedicalHistory	Yes	No
Have you ever signed off a ship due to medical reasons?		<u>+</u>
Did you undergo any medical operation in the past?		<u>±</u>
Have you consulted a doctor during the last 12 months for an		
illness/accident?		±
Do you have any health or disability problems now?		<u>+</u>

If yes, please give full details:					
	Passed:			Validtill:	
InternationalMedicalExamination					
<u>VaccinationAgainstYellowFiver</u>					
<u>VaccinationAgainstDiphtheria</u>					
10. References (please give name and address of you	our current or	past employer)	Officere	<u>emarks</u>	
NameofCompany					
Name of person to contact					
Address					
Phone					
			·		
NameofCompany					
Name of person to contact					
Address					
<u>Phone</u>					
11 Dealer Janearfens Hater out					
11. Bankaddressforallotments					
Beneficiary Associately					
AccountNo.					
NameofBank Dank Address					
<u>BankAddress</u>					
12. Knowledgeandexperience			Y	es	No
OCIMF vettingexperience:					
ISGOT knowledge:					
13. I hereby declare that the above, in	cluding l	Medical Hist	ory, is tru	<u>1e</u>	
<u>Place</u>					
14. ForOfficeuseonly					
14. For Officeuseomy					
<u>15. S</u>	Seagoing	Experience			
					Tot

Nameofv essel	<u>Flag</u>	Vess el's Type	<u>D</u> <u>W</u> <u>T</u>	EngT ype	<u>H</u> <u>P</u>	Manageror Owner	<u>Rank</u>	From d/m/y	To d/m/y	Tot al m/ d

MY EFEKAN 2	VANU ATA	G/Car go	<u>262</u> <u>0</u>	DEUT Z	MY /Ship	MOTOR MAN	18.10.2 022	02.05.2 023	<u>6/14</u>
OCEAN SKY	PANA MA	G/Car go	189 51	MAN	FEYZ	MOTOR MAN	16.05.2 023	19.12.2 023	7/3

Total rank sea service:
Total type of vessel sea service:

Rank	Years	Typeofvessel	Years
		OIL TANKER	
		<u>LPG</u>	
		DRY CARGO	
		TANKER ICE	
		OIL /CHEMICAL	
		<u> FANKER</u>	
		<u>FERRY</u>	
<u>Total</u>		Total:	