

## **APPLICATION FORM**

Phone Numbers

Position A PART OF ID -2DJ											
1. Personal	Data										
·	Family Name: First Name : MURAD					Middle Name: NUSRAT					
Date of Bi 01.03.1999	rth:	Place of GUSAR AZERB	DISTRICT,	Citizenship AZERBAIJAN							
Permanent AZERBAIJ	ŕ	AR DISTR	ICT.	Ph	•	usiness/		94505274622 r@gmail.com			
2. Maritime				1							
Name of KAINAT-M		Town BAKU	Country  AZERBAIJA	N	From	То	Type of de	gree or diploma			
3. Professio English Test D			Name of Test			Score					
Professional T	est Date		Name of Test		Score						
Professional Ir	nterview Date		Result								
4. Family D Civil Status(Single		ated, Divorced, Wi	idowed) :								
Next of Kin (the first emergency contact) Address of Residence						Relation Phone :	ship				
	Daughter	Son				1					
Family Name											
First Name											
Date of Birth							_				
City of living											

5. Identity Documents								
Document	Country	Number	Place of Issue	Issue Date	Expiry Date			
Seaman's	Azerbaijan	DQK018785	State of maritime	22.02.2022	21.02.2027			
Book			administration					
Travel	Azerbaijan	C03004558	Ministry of internal	11.03.2021	10.03.2031			
Passport			affairs					
Civil	Azerbaijan		RPI					
Passport								

6. Valid Visa		
Country or Union	Type	Valid Until

7. Courses Attended and Certificates Obtained							
Document	Number	r	Dates		Place		
			Issue	Expiry			
Certificate of Competency	RP11126	15.	03.2022	15.03.2027	AZERBAIJAN		
Maltese Endorsement of COC							
Oil Tanker Endorsement							
Chemical Tanker Endorsement							
Gas Tanker Endorsement							
Oil Tanker Familiarization Training							
Chemical Tanker Familiarization Training							
Gas Tanker Familiarization Training							
Oil Tankers Specialized Training							
Chemical Tanker Specialized Training							
Gas Tanker Specialized Training							
Basic Trainings	SO-0752-22	22.	02.2022	21.02.2027	AZERBAIJAN		
Proficiency in Survival Craft and Rescue Boats	SL-0372-22	21.	02.2022	14.02.2027	AZERBAIJAN		
Advanced Fire Fighting							
Medical First Aid Training							
Medical First Aid Training and Medical Care							
GMDSS							
GMDSS Endorsement							
Radar Observation & Plotting							
Automatic Radar Plotting Aids Simulator (ARPA)							
Bridge Team Management							
Shiphandling & Maneuvering							
Ship Security Officer Training Course	SI-0349-22	24.	02.2022	01.02.2027	AZERBAIJAN		
Maltese Endorsement of SSO							
ISM Code	SP-0459-22	23.	02.2022	16.02.2027	AZERBAIJAN		
Safety Officer							
ECDISTraining Course							
Risk Assessment Course							
C.O.W./ I.G.S							
Fire Practice on Tankers							
Vapour Recovery System							
Unmanned Machinery Space							

FRAMO Familiarization Course					
Cargo Ballast Operations on Oil/Chemical Tankers					
Hazardous Materials					
Welder					
Turner					
Risk Management And Incident					
Investigation					
Training of seafarers with designated					
•	SH-0228-22	18.02.2022	03.02.2027	AZERBA	AIJAN
Code					
8. Physical Data Height	184				
Weight	93				
Colour of Hair	CHESTN	ШТ			
Colour of Eyes	BLACK				
Boilersuit Size	XL				
Shoes Size	45				
	10				
9. Medical History				Yes	No
Have you ever signed off a ship due to					+
Did you undergo any medical operati				+	
Have you consulted a doctor during t	the last 12 m	onths for an			+
illness/accident?					+
illness/accident? Do you have any health or disability					+
illness/accident? Do you have any health or disability	problems no		Vali	d GIII.	
illness/accident?  Do you have any health or disability  If yes, please give full details:			Vali	d till:	
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination	problems no		Vali	d till:	
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver	problems no		Vali	d till:	
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination	problems no		Vali	d till:	
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria  10. References (please give name and address	Passed:	w?	Vali Office ren		
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria  10. References (please give name and address  Name of Company	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria  10. References (please give name and address  Name of Company  Name of person to contact	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria  10. References (please give name and address  Name of Company  Name of person to contact  Address	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria  10. References (please give name and address  Name of Company  Name of person to contact  Address  Phone	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria  10. References (please give name and address  Name of Company  Name of person to contact  Address  Phone  Name of Company	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address Name of Company Name of person to contact Address Phone  Name of Company	Passed:	w?			
International Medical Examination Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address Name of Company Name of person to contact Address Phone Name of Company	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria  10. References (please give name and address  Name of Company  Name of person to contact  Address  Phone  Name of Company	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria  10. References (please give name and address  Name of Company  Name of person to contact  Address  Phone  Name of Company  Name of person to contact  Address  Phone	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address 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	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address 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	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination  Vaccination Against Yellow Fiver  Vaccination Against Diphtheria  10. References (please give name and address  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.	Passed:	w?			
illness/accident?  Do you have any health or disability  If yes, please give full details:  International Medical Examination Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address 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.	Passed:	w?			
International Medical Examination Vaccination Against Yellow Fiver Vaccination Against Diphtheria  10. References (please give name and address Name of Company Name of person to contact Address Phone Name of Company Name of person to contact Address Phone Name of Company	Passed:	w?			

12. Knowledge and experience	Yes	No						
OCIMF vetting experience:								
ISGOT knowledge:								
13. I hereby declare that the	above, including Medical Histo	ory, is true						
Place	T / T							
14. For Office use only								
14. For Office use only								

## 15. Seagoing Experience

Name of vessel	Flag	Vessel's Type	DW T	E n g T y p	H P	Manager or Owner	Rank	From d/m/y	To d/m/y
m/v FUZULI	AZERBAIJAN	CARGO VESSEL	3500			CASPIAN SHIPPING	MOTORMAN	12.05.2021	24.01.2022
m/v POLKOVN IK FESENKO V.K	KAMERUN	CARGO VESSEL	2700			FIV und DEL SHIPPING	MOTORMAN	13.05.2022	08.11.2022
m/v A PLUS1	VILA VANUATU	CARGO VESSEL	3743			YRB SHIPPING	MOTORMAN	25.02.2023	08.12.2023

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

Rank	Years	Type of vessel	Years
		OIL TANKER	
		LPG	
		DRY CARGO	
		TANKER ICE	
		OIL /CHEMICAL	
		TANKER	
		FERRY	
Total		Total:	