AB

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APPLICATIONFORM

PositionAppliedfor		**DateAvailablefrom:**
1.PersonalData		
FamilyName:ABBASOV	**FirstName:MAHAMMAD**	**MiddleName:**
Dateof Birth:29.11.1992	Place ofBirth(CityandCountry): AZERBAIJAN. BAKU	Citizenship: AZERBAIJAN.
PermanentAddress **Baki seh Yasamal rayon Asad Ahamadov 28**		Phone (Home): +994504801441

2.MaritimeEducation

Name ofschool	Country	Town	From	To	Typeofdegreeordiploma
Волга каспийский морскоий	RUSIYA	ASTARXAN			

3.ProfessionalTest

EnglishTestDate	Name ofTest	Score
Professional TestDate	Name ofTest	Score
Professional Interview Date. NO	Result.	

4.FamilyDetails

CivilStatus(Single, Married,Separated, Divorced, Widowed) : **SINGLE**

NextofKin(thefirst emergency contact)**NO**	**Relationship NO**
AddressofResidence	Phone:

	Daughter	**Daughter**		**Daughter**	**Son**
FamilyName					
FirstName					
DateofBirth					
Cityofliving					
PhoneNumbers					

.IdentityDocuments					
Document	**Country**	**Number**	**PlaceofIssue**	**IssueDate**	**ExpiryDate**
Seaman'sBook	AZERBAIJAN	DQK№026953		29.02.2024	28.02.2029
TravelPassport	AZERBAIJAN	C03747618		16.02.2022	15.02.2032

.CoursesAttendedandCertificatesObtained				
Document	**Number**	**Dates**		**Place**
		Issue	**Expiry**	
INTERNATIONAL SAFETY MANAGEMENT	SP-1442-19	04.10.2019	04.10.2024	AZERBAIJAN
MEDICAL STWC	SO-2435-19	10.10.2019	10.10.2024	AZERBAIJAN
Training for seafarers with designated DUTIES	Sh-1307-19	08.10.2019	08.10.2024	AZERBAIJAN
SHIP SECURITY RELATED Famillarization security	SI-2247-19	03.10.2017	03.10.2024	AZERBAIJAN
PROFICIENCY IN SURVUVAL CRAFT AND	SP-1442-19	05.04.2019	05.04.2024	AZERBAIJAN
MEDICAL FIRST AID		28.02.2024	28.02.2026	AZERBAIJAN
Tanker	SA-0656-22	02.09.2022	02.0.2027	AZERBAIJAN

Page2 of 4**8.PhysicalData**	
Height	173
Weight	85
Colour of Hair	BALCK
Colour of Eyes	GREY
BoilersuitSize	L-XL
Shoes Size	42

9.MedicalHistory	**Yes**	**No**
Haveyou ever signed off aship dueto medicalreasons?		**NO**
Didyouundergo anymedicaloperationinthepast?		**NO**
Haveyou consulted adoctor duringthelast 12 months for an illness/accident?		**NO**
Doyou have anyhealth or disabilityproblems now?		**NO**

If yes, pleasegivefulldetails:

	Passed:	Valid till:
InternationalMedical Examination		
Vaccination AgainstYellowFiver		
Vaccination AgainstDiphtheria		

10.References(pleasegivenameand addressof yourcurrentorpast employer**)**		**Officeremarks**
Nameof Company		
Nameof person to contact		
Address		
Phone		
Nameof Company		
Nameof person to contact		
Address		
Phone		

11.Bankaddressforallotments			
Beneficiary			
AccountNo.			
Nameof Bank			
BankAddress			
12.Knowledgeandexperience		**Yes**	**No**
OCIMF vettingexperience:			
ISGOT knowledge:			

13.Iherebydeclarethattheabove,includingMedicalHistory,istrue		
Place	Date	Signature
14.ForOfficeuseonly		

SeagoingExperience

C. PREVIOUS SEA SERVICE						
VESSEL	**FLAG**	**TYPE / DWT**	**RANK**	**S/ON**	**S/OFF**	**OWNERS**
M/V RIVER RAIN	PANAMA	GENERAL CARGO	SEAMAN	06.08.2020	15.02.2021	7
M/V Volga-4009	Cook island	GENRAL CARGO	SEAMAN	15.08.2021	13.01.2022	7
M/V BAKU-357	AZERBAYCAN	TANKER	SEAMAN	10.05.2022	13.01.2023	8