



## **APPLICATION FORM**

1	Position	identity card PIN Number 2MDRC5X
	Position Applied for:	Electro -Technical Rating
	Date Available from:	-

First Name: SUSLAN	Last Name: ABBASOV
Date of Birth: 11.01.1988	Place of Birth (City and Country): RUSSIAN REDERATION, PRIMORSK
Email: suslan-abbasov88@mail.ru	Mobile Number: (+994) 50 695 75 01
Permanent Address: Astara district,	Expected Salary Per Month:
Shiyakaran village ,Azerbaijan	2000\$
Nationality: Azerbaijan	Alternative rank applying for: -

3	Family Details: (If Unmarr	ied kindly give details of Fath	ner / Mother)		
	First Name	Last Name	Gender	Relation	Contact
	Elmira	Abbasova	Female	Mother	+994 50 682 10 91

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Kainat Maritime MMC	Azerbaijan	07.2023	02.2024	Course

Physical Data	
Height	165
Weight	68
Boilersuit Size	M
Shoes Size	39
Blood group	A(II)RH+

Seaman's Book & Id	lentify Docs				
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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Seaman Book	Azerbaijan	DQK	027193	15.03.2024	Azerba	ijan	15.03.2029
Certificate of Competency	Azerbaijan	RP	14656	05.03.2024	Azerba	ijan	-
Republic of Azerbaijan	Azerbaijan	C03-	490696	08.09.2021	Azerba	ijan	07.09.2031
Do you hold a US Vis	a 'C1/D'?	YES/NO	NO	Issue Date:	-	Expiry	Date: -
Do you hold a US Vis	a 'B1/B2'?	YES/NO	NO	Issue Date:	-	Expiry	Date:-
Have you been rejecte	ed for any visa app	lied for?		YES/NO	NO	•	
If YES, please state th	ne country and reas	sons		-			

7 **Professional Test** 

Professional Test Date	Name of Test	Score
-	-	-

License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings					
Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNICS	Azerbaijan	SO-0248-24	SMPA	31.01.2024	26.01.2029
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0248-24	SMPA	31.01.2024	26.01.2029
ELEMENTARY FIRST AID	Azerbaijan	SO-0248-24	SMPA	31.01.2024	26.01.2029
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0248-24	SMPA	31.01.2024	26.01.2029
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0248-24	SMPA	31.01.2024	26.01.2029
International Safety Management	Azerbaijan	SP-0284-24	SMPA	05.02.2024	05.02.2029
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0388-24	SMPA	19.02.2024	12.02.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-0163-24	SMPA	19.01.2024	19.01.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-3460-23	SMPA	21.12.2023	15.12.2028
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-1055-23	SMPA	19.12.2023	14.12.2028

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## Seagoing Experience

(Please give a full record starting with the last vessel on which you served)

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
-	-	-	-	-	-	-	-	-	-	-	-	-
							7-4					
						34						
			/									
									\			
							10					
							ST.					
							LJY A					
							M. C.		V			
									W.			

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Generators					
Purifiers and Boilers	_				
Type of Cranes / No of					
Reefer Containers	-				
Other Experience					
-					
Travel Documents					
Name		YES/NO	Country	Date pf I	Expire
Schengen		YES/NO	NO NO	-	
US China		YES/NO YES/NO	NO NO	-	
Australia		YES/NO YES/NO	NO	-	
Insurance, Health Related Do					
Medical Certificate (Fit for Duty	<u>')</u>	Vaccin	ation	YES/NO	Y
Yellow Fever		vaccin	auvii	YES/NO	ı
COVID-19				YES/NO	Y
Madian Initia					
Medical history					
Have you ever signed off a shi				YES/NO	
Have you undergone any oper Have you consulted a doctor d			ass/accident?	YES/NO	ا ا
Do you have any health or disa			500/AUGIUEIII!	YES/NO YES/NO	! 
Do you take any medications r				YES/NO	
	,	Jacob dive full dete	ile and attach a sensurity		
(If the answer is YES to any	or the above, p	nease give iuli ueta	ns and attach a separate	page ii fiecessary)	
General					
Have you ever been the subject	t of a court of e	nquiry or involved ir	n a maritime accident?	YES/NO	
Have you ever had a profession	nal license susp	ended or revoked?		YES/NO	
(If YES, please give full deta	ails and attach a	separate page if n	ecessary)		
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Ship Agency Exclusive Cargo Brokering Bunker Supply Technical Services

16 References (Please give the name and address of your current or immediate past employer)

Name of company	1	2
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

17	Declaration

I hereby declare that the above particulars are true and authorize you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.

	Date:	16.03.2024	
Signature		,	

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