



APPLICATION FORM

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|--------------------|---|---|---|---|---|---|---|---|--|--|--|
| A | A | 2 | 2 | 9 | 8 | 6 | 9 | 5 | | | |
| Personal ID Number | | | | | | | | | | | |

| | |
|--------------------------------------|--------------------------------------|
| Position Applied for: SAILORS | Date Available from: ANY TIME |
|--------------------------------------|--------------------------------------|

| | | |
|---|---|---|
| 1. Personal Data | | |
| Family Name: DADASHOV | First Name: SAHİM | Middle Name: |
| Date of Birth: 30.08.1987 | Place of Birth (City and Country): Azerbaijan.Astara. | Citizenship: AZERBAIJANIAN |
| Permanent Address: Astara, Tangarud village | | Phone Mobile: +994506429187 E-mail: sahimdadaashov@gmail.com |

| | | | | | |
|--------------------------------|---------------|-------------------|------|------|---------------------------|
| 2. Maritime Education | | | | | |
| Name of school | Town | Country | From | To | Type of degree or diploma |
| School number 1. | Astara | Azerbaijan | 1993 | 2004 | High school |
| “KASPIAN EDUCATION CENTER” MMC | Lankaran | Azerbaijan | 2022 | 2023 | SECONDARY EDUCATION |

| | | |
|-----------------------------|--------------|--|
| 3. Professional Test | | |
| English Test Date | Name of Test | |
| Professional Test Date | Name of Test | |
| Professional Interview Date | Result | |

| | | | | | |
|--|----------|-----|--|--------------------------------|--|
| 4. Family Details | | | | | |
| Civil Status(Single, Married, Separated, Divorced, Widowed) : Single | | | | | |
| Next of Kin (the first emergency contact) Dadashov Baylar | | | | Relationship: Father | |
| Address of Residence Astara.Azerbaijan | | | | Phone : +994503775068 | |
| | Daughter | Son | | | |
| Family Name | | | | | |
| First Name | | | | | |
| Date of Birth | | | | | |
| City of living | | | | | |
| Phone Numbers | | | | | |

5. Identity Documents

| Document | Country | Number | Place of Issue | Issue Date | Expiry Date |
|---------------------------|-------------------|---------------|---|-------------------|-------------------|
| Certificate of competency | Azerbaijan | RP12814 | Azerbaijan State Maritime Administration (SMA) | 03.05.2023 | 03.05.2028 |
| Seaman's Book | Azerbaijan | AZE 028488 | Azerbaijan State Maritime Administration (SMA) | 12.05.2023 | 12.05.2028 |
| Travel Passport | Azerbaijan | C03099074 | MIA | 19.04.2023 | 18.04.2033 |
| Civil Passport | Azerbaijan | AA2298695 | ASTARA RPS | 11.07.2020 | 11.07.2030 |

6. Valid Visa

| Country or Union | Type | Valid Until |
|------------------|------|-------------|
| N/A | N/A | N/A |
| N/A | N/A | N/A |

7. Courses Attended and Certificates Obtained

| Document | Number | Dates | | Place |
|---|-------------------|-------------------|-------------------|------------|
| | | Issue | Expiry | |
| Certificate of Competency | | | | |
| Basic training and qualifications on oil and chemical tanker cargo operations | SA-0034.23 | 06.01.2023 | 06.01.2028 | Azerbaijan |
| Safe operation and maintenance of high voltage systems 1000 volts or more | | | | |
| Training for seafarers with designated security duties | | | | |
| Ship Security-related training and instruction | | | | |
| Engine resource management | | | | |
| Passenger safety,cargo safety and hull integrity training | | | | |
| Dangerous hazardous and harmful cargoes | | | | |
| Inert Gas system | | | | |
| Advanced training for oil tanker cargo operations | | | | |
| Gas Analysers and Their Operation | | | | |
| Proficiency in Survival Craft and Rescue Boats | SL-4191-22 | 26.12.2022 | 26.12.2027 | Azerbaijan |
| Advanced Fire Fighting | | | | |
| Medical First Aid Training | | | | |
| Medical First Aid Training and Medical Care | | | | |
| Leadership and Teamwork | | | | |
| GMDSS General Operator | | | | |
| GMDSS Endorsement | | | | |
| Radar Observation & Plotting | | | | |
| Automatic Radar Plotting Aids Simulator (ARPA) | | | | |
| Bridge Team Management | | | | |
| Shiphandling& Maneuvering | | | | |
| Ship Security-related Training and instruction | SI-3090-22 | 20.12.2022 | 20.12.2027 | Azerbaijan |
| Operational Use of Electronic Chart Display and information Systems | | | | |
| Crowd management training | | | | |
| Crisis management and human behaviour training | | | | |
| Training and qualification for ro-ro passenger ship | | | | |
| International Safety Management Code | SP-3773-22 | 22.12.2022 | 22.12.2027 | Azerbaijan |
| Ship Security Officer | | | | |
| Training for seafarers with designated security duties | SH-2623-22 | 30.12.2022 | 28.12.2027 | Azerbaijan |
| -personal survival techniques –fire prevention avd fire fighting –elementary first aid –personal safety and social responsibilities | SO-6010-22 | 27.12.2022 | 19.12.2027 | Azerbaijan |

| 8. Physical Data | |
|------------------|---------|
| Height | 157 cm. |
| Weight | 77 k.g |
| Colour of Hair | Brown |
| Colour of Eyes | Brown |
| Boilersuit Size | L |
| Shoes Size | 42 |

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

If yes, please give full details:

| | | |
|-----------------------------------|---------|-------------|
| | Passed: | Valid till: |
| International Medical Examination | | |
| Vaccination Against Yellow Fiver | N/A | N/A |
| Vaccination Against Diphtheria | N/A | N/A |
| | | |

| 10. References (please give name and address of your current or past employer) | | Office remarks |
|--|--------------------------------------|----------------|
| Name of Company | Azerbaijan Caspian Shipping Company- | |
| Name of person to contact | | |
| Address | Azerbaijan | |
| Phone | | |

| 11. Bank address for allotments | |
|---------------------------------|--|
| Beneficiary | |
| Account No. | |
| Name of Bank | |
| Bank Address | |

| 12. Knowledge and experience | Yes | No |
|------------------------------|-----|----|
| OCIMF vetting experience: | | + |
| ISGOT knowledge: | | + |

| 13. I hereby declare that the above, including Medical History, is true | | |
|---|------|-----------|
| Place: | Date | Signature |

| 14. For Office use only |
|-------------------------|
| |

15. Seagoing Experience

| Name of vessel | Flag | Vessel's Type | DWT | Eng Type | HP | Manager or Owner | Rank | From d/m/y | To d/m/y | Total m/d |
|----------------|------|---------------|-----|----------|----|------------------|------|------------|----------|-----------|
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Total rank sea service:

| | |
|-------|--|
| Rank | |
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| | |
| | |
| | |
| | |
| Total | |

Total type of vessel sea service:

| | |
|----------------|--|
| Type of vessel | |
| PASSENCER SHIP | |
| | |
| DRY CARGO | |
| | |
| | |
| | |
| Total: | |

