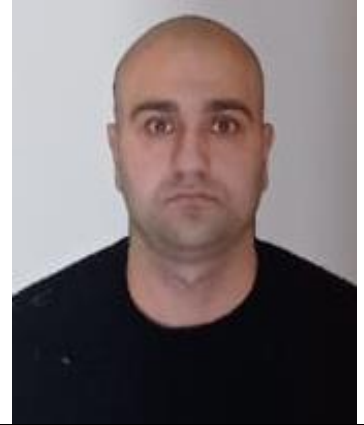


# APPLICATION FORM



**Position Applied for RATING FORMING  
PART OF A NAVIGATIONAL WATCH  
ID -648N828**

**Date Available from:**

## 1. Personal Data

<b>Family Name:</b> ALIZADA	<b>First Name :</b> NURID	<b>Middle Name:</b> MAHAMMAD
<b>Date of Birth:</b> 06.05.1997	<b>Place of Birth :</b> ASTARA DISTRICT, AZERBAIJAN	<b>Citizenship</b> AZERBAIJAN
<b>Permanent Address ;</b>  AZERBAIJAN ,ASTARA DISTRICT.		<b>Phone (Home):</b> <b>Phone (Business/ Mobile)+994509864252</b> <b>Email:nuridalizade2@gmail.com</b>

## 2. Maritime Education

Name of school	Town	Country	From	To	Type of degree or diploma
IST MMC	LENKORAN	AZERBAIJAN			

## 3. Professional Test

English Test Date	Name of Test	Score
Professional Test Date	Name of Test	Score
Professional Interview Date	Result	

## 4. Family Details

**Civil Status**(Single, Married, Separated, Divorced, Widowed) :

**Next of Kin** (the first emergency contact)

Address of Residence

**Relationship**

Phone :

	Daughter	Son			
<b>Family Name</b>					

<b>First Name</b>					
<b>Date of Birth</b>					
<b>City of living</b>					
<b>Phone Numbers</b>					

### 5. Identity Documents

Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	<b>Azerbaijan</b>	DQK027394	<b>State of maritime administration</b>	<b>02.04.2024</b>	<b>02.04.2029</b>
Travel Passport	<b>Azerbaijan</b>	C02057575	<b>Ministry of internal affairs</b>	17.07.2018	16.07.2028
Civil Passport	<b>Azerbaijan</b>		<b>RPI</b>		

### 6. Valid Visa

Country or Union	Type	Valid Until

### 7. Courses Attended and Certificates Obtained

Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency	<b>RP14741</b>	13.03.2024	13.03.2029	<b>AZERBAIJAN</b>
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	<b>SA-0034-24</b>	26.01.2024	26.01.2029	<b>AZERBAIJAN</b>
Chemical Tanker Specialized Training				
Gas Tanker Specialized Training				
Basic Trainings	<b>SO-0428-24</b>	19.02.2024	19.02.2029	<b>AZERBAIJAN</b>
Proficiency in Survival Craft and Rescue Boats	<b>SL-0433-24</b>	26.02.2024	26.02.2029	<b>AZERBAIJAN</b>
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-related familiarization security awareness training	<b>SI-0564-24</b>	14.02.2024	12.02.2029	<b>AZERBAIJAN</b>
Maltese Endorsement of SSO				
ISM Code	<b>SP-0571-24</b>	06.03.2024	28.02.2029	<b>AZERBAIJAN</b>
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 security duties in compliance with ISPS Code	<b>SH-0333-24</b>	05.02.2024	05.02.2029	<b>AZERBAIJAN</b>

### 8. Physical Data

Height	166
Weight	<b>80</b>
Colour of Hair	<b>CHESTNUT</b>
Colour of Eyes	<b>BROWN</b>
Boilersuit Size	<b>XL</b>
Shoes Size	<b>42</b>

### 9. Medical History

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

If yes, please give full details:

	Passed:	Valid till:
International Medical Examination	01.09.2023	01.09.2025
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

### 10. References (please give name and address of your current or past employer)

### Office remarks

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.	
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

**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:	