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|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| Personal ID Number | | | | | | | | | | | | | | | | | | | |



APPLICATION FORM

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

| 1. Personal Data | | |
|--------------------------------------|---|---|
| Family Name: MEMMEDOV | First Name: ELVIN | Middle Name: |
| Date of Birth: 19.03.1998 | Place of Birth (City and Country): Azerbaijan | Citizenship: AZERBAIJANIAN |
| Prmanent Address: LERIK , Azerbaijan | | Phone Mobile: +994 55 570 14 10 E-mail: elvinmemmedov98m@gmail.com |

| 2. Maritime Education | | | | | |
|-------------------------------------|-------------|-------------------|-------------------|-------------------|---------------------------|
| Name of school | Town | Country | From | To | Type of degree or diploma |
| CASPIAN EDUCATION CENTRE LLC | Baku | Azerbaijan | 07.01.2022 | 04.07.2022 | Sub-bachelor |
| | | | | | |

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

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| 4. Family Details |
|---|
| Civil Status(Single, Married, Separated, Divorced, Widowed) : Single |

| | |
|--|-----------------------------|
| Next of Kin (the first emergency contact) | Relationship: |
| Qabil Memmedov | SON |
| Lerik, Azerbaijan | Phone: +994506200172 |

5. Identity Documents

| Document | Country | Number | Place of Issue | Issue Date | Expiry Date |
|-----------------|-------------------|-----------|-------------------|-------------------|-------------------|
| Seaman's Book | AZERBAIJAN | AZE025188 | AZERBAIJAN | 08.07.2022 | 08.07.2027 |
| Travel Passport | AZERBAIJAN | C04014411 | AZERBAIJAN | 13.04.2022 | 12.04.2032 |
| Civil Passport | | | | | |

6. Valid Visa

N/A

7. Courses Attended and Certificates Obtained

| Document | Number | Dates | | Place |
|---|-------------------|-------------------|-------------------|------------|
| | | Issue | Expiry | |
| Certificate of Competency | RP08897 | 12.04.2022 | 12.04.2032 | AZERBAIJAN |
| Training for seafarers with designated security duties | SH-0643-22 | 25.04.2022 | 25.04.2027 | AZERBAIJAN |
| Proficiency in Survival Craft and Rescue Boats | SL-0876-22 | 18.04.2022 | 18.04.2027 | AZERBAIJAN |
| Ship Security-related Training and instruction | SI-0773-22 | 19.04.2022 | 19.04.2027 | AZERBAIJAN |
| International Safety Management Code | SP-1082-22 | 21.04.2022 | 21.04.2027 | AZERBAIJAN |
| -personal survival techniques –fire prevention avd fire fighting –elementary first aid –personal safety and social responsibilities | SO-1584-22 | 18.04.2022 | 14.04.2027 | AZERBAIJAN |
| Basic training and qualification on oil and chemical tanker cargo operations | SA-0211-22 | 27.04.2022 | 27.04.2027 | AZERBAIJAN |

8. Physical Data

| | |
|-----------------|--------------|
| Height | 178cm |
| Weight | 74kg |
| Colour of Hair | BLACK |
| Colour of Eyes | Brown |
| Boilersuit Size | 50 |
| Shoes Size | 44 |

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 |

| | | |
|-----------------------------------|-------------------|-------------------|
| | Passed: | Valid till: |
| International Medical Examination | 29.08.2023 | 29.08.2025 |
| Vaccination Against Yellow Fiver | No | |
| Vaccination Against Diphtheria | No | |
| | | |

| 10. References (please give name and address of your current or past employer) | Office remarks |
|--|----------------|
| | |
| | |
| | |
| | |

| 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: |
| BAKU CASPIAN HOSPITAL | 06.04.2024 | |

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 |
|---------------------------|----------------------|---------------------------|-------------|-------------------|-------------------|---------------------------|-----------|-------------------|-------------------|-------------------------|
| TONY | Guinea-Bissau | OIL PRODUCT TANKER | 3742 | SKL | 2x640 kw | DELAL SHIPPING LTD | OS | 25.07.2022 | 28.11.2022 | 4 Months 7 days |
| ALISUVA R MAMMADOV | Monrovia | General Cargo | 7500 | Warts illa | 2x120 0 kw | Palmali Shipping | AB | 21.12.2022 | 04.07.2023 | 7 Months 15 days |
| BARABU LKA | Cameroon | General Cargo | 5560 | Warts illa | 2x970 kw | Aleria Shipping | AB | 08.12.2023 | 07.05.2024 | 6 Months |