

APPLICATION FORM



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Personal ID Number												

Position Applied for: Able Seafarer Deck	Date Available from: Anytime
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1. Personal Data					
Family Name: ALIYEV		First Name: FARID		Middle Name: HUSEYN	
Date of Birth: 30.11.1989		Place of Birth: Lankaran, Azerbaijan		Citizenship: Azerbaijan	
Permanent Address: Lankaran, Azerbaijan			Phone (Home): Phone (Business/Mobile): (+994) 51 626 7123 Whatsapp No: (+90) 5348314217 E-mail:		

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma

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): MARRIED	
Next of Kin (the first emergency contact): ALIYEV HUSEYN	Relationship: Father
Address of Residence: Lankaran, Azerbaijan	Phone: (+994) 51718-51-67

	Doughter	Son			
Family Name					
First Name					
Date of Birth					
City of living					
Phone Numbers					

5.IdentityDocuments					
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate
Seaman'sBook	Azerbaijan	AZE014349	StateMaritimeAdminstration	28.07.2021	28.07.2026
TravelPassport	Azerbaijan	C03478608	MinistryofInternalAffairs	06.07.2021	05.07.2031

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6. ValidVisa		
CountryorUnion	Type	ValidUntil

CountryorUnion	Type	ValidUntil

[illegible][illegible]

8.PhysicalData	
Height	172sm
Weight	75 KG
Colourof Hair	Black
Colourof Eyes	Brown
BoilersuitSize	MEDIUM
ShoesSize	42

9.MedicalHistory	Yes	No
Haveyoueversignedoffashipduetomedicalreasons?		+
Didyouundergoanymedicaloperationinthepast?		+
Haveyouconsultedadactorduringthe last 12monthsforanillness/accident?		+
Doyouhaveanyhealthordisabilityproblemsnow?		+

If yes, please give full details:

	Passed:	Valid till:
International Medical Examination	28.08.2023	28.08.2025
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

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

14.For Office use only

15.SeagoingExperience

[illegible]

Totalranksea service:

[illegible]

Total type of vessel sea service:

Type of vessel	Years
OIL TANKER	
LPG	
DRY CARGO	
TANKER RICE	
OIL/CHEMICAL TANKER	
FERRY	
Total:	

