



## CV FORM

Personal ID Number											

Position Applied for : <b>SAILOR</b>	Date Available from: <b>ANY TIME</b>
--------------------------------------	--------------------------------------

<b>1. Personal Data</b>		
Family Name: <b>ABIYEV</b>	First Name: <b>ELNUR</b>	Middle Name: <b>SHAMIL</b>
Date of Birth: <b>02.08.1998</b>	Place of Birth (City and Country): <b>AZERBAIJAN</b>	Citizenship: <b>AZERBAIJANIAN</b>
Permanent Address: <b>AZERBAIJAN, BAKU</b>		Phone Mobile: <b>+99455-522-10-82</b> (24 hrs) E-mail:

<b>2. Maritime Education</b>					
Name of school	Town	Country	From	To	Type of degree or diploma
<b>KAINAT-M TM MMC</b>					<b>SERTIFICATE</b>

<b>3. Family Details</b>	
Civil Status(Single, Married, Separated, Divorced, Widowed) : <b>SINGLE</b>	
Next of Kin (the first emergency contact) <b>ABIYEV SHAMIL</b>	Relationship: <b>FATHER</b>
Address of Residence <b>AZERBAIJAN BAKU CITY</b>	Phone : <b>+99450-551-70-42</b>

	Daughter	Brother			
Family Name		<b>ABIYEV</b>			
First Name		<b>ELNUR</b>			
Date of Birth		<b>02.08.1998</b>			
City of living		<b>BAKU</b>			
Phone Numbers		<b>+99450-551-70-42</b>			

## 5. Identity Documents

Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	AZERBAIJAN	DQK 015317	AZERBAIJAN, BAKU	23/09/2019	23/10/2024
Travel Passport	AZERBAIJAN	C03018367	AZERBAIJAN, BAKU	18/02/2020	17/02/2030
<b>CIVIL PASSPORT</b>					

## 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	

[illegible]


8. Physical Data	
Height	<b>170sm</b>
Weight	<b>60 kg</b>
Colour of Hair	<b>Black</b>
Colour of Eyes	<b>Brown</b>
Boilersuit Size	<b>L</b>
Shoes Size	<b>40</b>

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

	Passed:	Valid till:
International Medical Examination	<b>N/A</b>	<b>N/A</b>
Vaccination Against Yellow Fiver	<b>N/A</b>	<b>N/A</b>
Vaccination Against Diphtheria	<b>N/A</b>	<b>N/A</b>

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

Name of Company	CEVAHIRLER	
Name of person to contact		
Address	TURKEY	
Phone		

11. language knowledge	
<b>ENGLISH</b>	<b>GOOD</b>
<b>RUSSIAN</b>	<b>GOOD</b>

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

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

14. For Office use only

## 15. Seagoing Experience

[illegible]