

APPLICATION FORM

Position Applied for: Rating forming part of an en dine-room watch				Date Available from: ANY TIME				
4.5								
1. PersonalData	T							
FamilyName:	FirstName:				MiddleName:			
Aghayev	Yusif				Akif			
DateofBirth: 07.12.1999	Place of Birth: S	Salyan	1		Citizenship: AZERBAIJAN			
Permanent Address: Salyan			Phone (Home):					
							s/ MobileE-mail:	
				+	994:	508324488	3	
2. MaritimeEducation								
Nameofschool	Town		Country	Fro	m	To	Type of degree or diploma	
	Baki		Azerbaijan	110.		10	Diplom	
Azerbaijan State							-	
Marine Academy								
3. ProfessionalTest		1				1		
EnglishTestDate		NameofTest			Score			
ProfessionalTestDate			NameofTest		Score		·	
			Nameoniest					
ProfessionalInterviewDate		Resu	1+					
ProfessionalinterviewDate			Result					
4. FamilyDetailsn								
Civil Status(Single, Married, Separated,	Divorced, Widowed	d):						
Next of Kin (the first emergency contact)					Relationship /			
Address of Residence:					Phone:			
ridaress of residence.				Pnor	ie:			

PlaceofIssue

MinistryOfInternalAffa

StateofMaritime

Administration

Number

DQK029007

C02860909

ExpiryDate

18.07.2029

15.04.2034

IssueDate

18.07.2024

16.04.2024

Seaman'sBook

TravelPassport

5. IdentityDocuments

Document Coun

Country

Azerbaijan

Azerbaijan

6. ValidVisa		
CountryorUnion	Type	ValidUntil

Document	Number	Da	ites	Place
Document	Tuniber	Issue	Expiry	Tiaco
CertificateofCompetency	RP15448	10.07.2024		AZERBAIJAN
Advanced training for oil tanker cargo operations				
OilTankerEndorsement				
ChemicalTankerEndorsement				
GasTankerEndorsement				
OilTankerFamiliarizationTraining				
ChemicalTankerFamiliarizationTraining				
GasTankerFamiliarizationTraining				
OilTankersSpecializedTraining				
ChemicalTankerSpecializedTraining				
GasTankerSpecializedTraining				
BasicTrainings	SO-1726-24	10.05.2024	06.05.2029	AZERBAIJAN
Proficiency in Survival Craft and Rescue Boats	SL-1214-24	28.04.2024	26.04.2029	AZERBAIJAN
Leadership and Teamwork				
MedicalFirst Aid				
Medical First Aid Training and Medical Care				
GMDSS				
GMDSS Endorsement				
RadarObservation&Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
BridgeTeamManagement				
Shiphandling&Maneuvering				
Ship Security-related familiarization security-awarene	SI-2005-24	15.05.2024		AZERBAIJAN
s training	S1-2005-24	15.05.2024		AZEKBAIJAN
MalteseEndorsementof SSO				
SM Code	SP-0914-24	05.04.2024	05.04.2029	AZERBAIJAN
SafetyOfficer				
ECDISTrainingCourse				
RiskAssessmentCourse				
Engine resource management				
FirePracticeonTankers				
VapourRecoverySystem				
Proficiency is Fast Rescue Boats				
FRAMO FamiliarizationCourse				
Cargo Ballast Operations on Oil/Chemical Tankers				
Hazardous Materials				
Safe operation and maintenance of high voltage syste				
ns 1000 volts or more				
Training in advanced fire-fighting				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties	SH-1354-24	01.05.2024		AZERBAIJAN
Dangerous hazardous and harmfull cargoes				
BasicTraining and qualifications on oil and chemical	CA 0210 24	06.04.2024		AZEDDAIIAN
anker cargo operations	SA-0218-24	06.04.2024		AZERBAIJAN

8. PhysicalData		
Height 2 of 4	170	
Fage 2 OI 4	-	

Weight				
ColourofHair				
ColourofEyes	Brown			
BoilersuitSize				
ShoesSize				
0.37.11.177.4			T 7	N T
9. MedicalHistory	1: 1		Yes	No
Have you ever signed off a ship due to m				+
Did you undergo any medical operation i				+
Have you consulted a doctor during the l		cident?		+
Do you have any health or disability prob	olems now?			+
[70				
If yes, please give full details:				
	Passed:	Validt		
InternationalMedicalExamination	27.02.2024	27.02	2.2026	
VaccinationAgainstYellowFiver				
VaccinationAgainstDiphtheria				
		•		
10. References (please give name and address of you	r current or past employer)	Officerema	rks	
[
NameofCompany				
Name of person to contact				
Address				
Phone				
		T		
NameofCompany				
Name of person to contact				
Address				
Phone				
11. Bankaddressforallotments				
Beneficiary				
AccountNo.				
NameofBank				
BankAddress				
12. Knowledgeandexperience		Yes		No
OCIMF vettingexperience:				
ISGOT knowledge:				
13. I hereby declare that the above, inc	luding Medical History, is t	rue		
Place				
		<u> </u>		
14. ForOfficeuseonly				
14. FOR OTHICEUSEOHIY				

Company	Vessel	Tonnage	Rank	Workingpe riod	Disembarkdate

Total rank sea service:

Total type of vessel sea service:

I otal fallik bea bet vice.		Total type of vesser sea service.		
Rank	Years	Typeofvessel	Years	
		OIL TANKER		
		LPG		
		DRY CARGO		
		TANKER ICE		
		OIL /CHEMICAL TANKER		
		FERRY		
Total		Total:		