

APPLICATION FORM



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Personal ID Number											

Position Applied for: Replacement minder	Date Available from: Any time
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1. PersonalData					
Family Name: ALAKBARLI			First Name: YUSIF		Middle Name: MAMMADHASAN
Date of Birth: 18.10.1994		Place of Birth: Lankaran, Azerbaijan		Citizenship: Azerbaijani	
Permanent Address: LANKARAN			Phone (Home): (+994 25)25 517 Phone (Business/ Mobile): (+99451)4618421 E-mail:		

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
"KASPIAN EDUCATION CENTER" LLC	Baku	Azerb	2022	2023	PS000835

3. Professional Test		
English Test Date	Name of Test	Score
Russian 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) : Single	
Brother Alakbarli Samir Mammadhasan(+994 55)5634411	

FamilyName					
FirstName					
Date of Birth					
City of living					
Phone Numbers					

5. Identity Documents					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	Azerbaijan	DGK023951	State Maritime and Port Agency	01.06.2023	01.06.2028
Seafarers identify Document	Azerbaijan	AZE028819	State Maritime and Port Agency	01.06.2023	01.06.2028

Travel Passport	Azerbaijan	C02217691	Ministry of Internal Affairs	31.102018	30.102028
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6. Valid Visa		
Country or Union	Type	Valid Until

7. Courses Attended and Certificates Obtained				
Document	Number	Dates		Place
		Issue	Expiry	
Certificate of Competency				
Seafarers medical certificate	AA1297389	12.12.2022	12.12.2024	“Uniklinika” LLC
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				
Chemical Tanker Specialized Training				
Gas Tanker Specialized Training				
Basic Trainings				
Proficiency in Survival Craft and Rescue Boats				
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	SI-3044-22	16.12.2022	16.12.2027	State Maritime and Port Agency
Maltese Endorsement of SSO				
Personal survival techniques				
Fire prevention and fire fighting				
Elementary first aid				
Personal safety and social responsibilities	SO-5855-22	15.12.2022	15.12.2027	State Maritime and Port Agency
ISM Code				
Safety Officer				
ECDIS Training 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	SH-2442-22	14.12.2022	14.12.2027	State Maritime and Port Agency
Dangerous hazardous and harmful cargoes				
Basic Training and qualifications on oil and chemical tanker cargo operations				
Proficiency in survival craft and boats other than fast rescue boats	SL-4003-22	12.12.2022	12.12.2027	State Maritime and Port Agency
International Safety Management Code	SP-3643-22	13.12.2022	13.12.2027	State Maritime and Port Agency

8. PhysicalData	
Height	164 sm
Weight	62 kg
Colour of Hair	Black
Colour of Eyes	Middle black

9. MedicalHistory	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?		+

SEA EXPERIENCE

Vessel	Type of vessel	Flag	GRT	DWT	BHP	Rank	Sign on	Sign off
Poyraz	General cargo	Zanzibar	2466	3346	122x14	Motorman	25.09.2023	19.04.2024

10. References (please give name and address of your current or past employer)	Officeremarks
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NameofCompany	AZKOND	WELDER
Name of person to contact	+9949003725	
Address	Ali Aliyev st232-234	
Phone	+994559003725	

NameofCompany	Okean Maritime INC	Motorman
Name of person to contact		
Address	Pasabayir, mah.Akif Ersoy 17/8	
Phone	+905327363200	

11. Bank address for all otments	
Beneficiary	
AccountNo.	
NameofBank	
BankAddress	

12. Know ledgeand experience	Yes	No
Plumber	+	
An electrician	+	

13. I hereby declare that the above, including Medical History, is true		
Place		

14. For Office use only

