



APPLICATION FORM

	6	4	3	3	5	J	B	
Personal ID Number								

Position Applied for; 3 RD ENGINEER				Date Available from:	
1. Personal Data					
Family Name: HUSEYNOV		First Name: AKBAR		Middle Name: RAVIL	
Date of Birth: 06.01.1997		Place of Birth (City and Country)		Citizenship: AZERBAIJAN.	
		Position Applied for:			
Permanent Address AZERBAIJAN. ASTARA.KIJABA VILLAGE				Phone (Home): +994507744989 Phone (Business/ obile) +905379883605 whatsapp:+994508728323	
2. Maritime Education					
Name of school		Country	Town	From	To
Azerbaijan State Marine Academy		AZERBAIJAN	BAKU	2012	2016
					Type of degree or diploma SUBBAKALAVR
3. Professional Test					
English Test Date 10.08.2017		Name of Test INTERCHANGE		Score 66	
Professional Test Date		Name of Test		Score	
Professional Interview Date. NO		Result.			
4. Family Details					
Civil Status(Single, Married, Separated, Divorced, Widowed) : SINGLE					
Next of Kin (the first emergency contact) NO				Relationship NO	
Address of Residence				Phone :+994507744989	
	Daughter	Son		Daughter	Son
Family Name					
First Name					
Date of Birth					
City of living					
Phone Numbers					

Commented [WU1]:

Page 1 of 35. Identity Documents

Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	AZERBAIJAN	DQK024588	Caspian Shipping	03.08.2023	03.08.2028
Travel Passport	AZERBAIJAN	C01876155	MINISTRY OF INTERNAL AFFAIR	10.06.2018	09.06.2028
Civil Passport	AZERBAIJAN	AZE 029460		03.08.2023	03.08.2028
6. Valid Visa NO					

[illegible]

8. Physical Data			
Height	173 CM		
Weight	61		
Colour of Hair	BLACK		
Colour of Eyes	BROWN		
Boilersuit Size	M		
Shoes Size	43		
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
If yes, please give full details:			
	Passed:	Valid till:	
International Medical Examination	02.08.2023	02.08.2025	
Vaccination Against Yellow Fiver			
Vaccination Against Diphtheria			
10. References (please give name and address of your current or past employer)		Office remarks	
Name of Company	ISHIK SHIPPING		
Name of person to contact	+905359616592		
Address	TUZLA/ISTANBUL		
Name of Company	STATU SHIPPING		
Name of person to contact	+905335801787		
Address	USKUDAR/ISTANBUL		
Name of Company	AYKOP SHIPPING		
Name of person to contact	+905522091031		
Address	PENDIK/ISTANBUL		
Address			
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 BAKU	Date .02.08.2023	Signature	
14. For Office use only			

15. Seagoing Experience

C. PREVIOUS SEA SERVICE							
VESSEL	FLAG	TYPE / DWT	ENG / HP	RANK	S/ON	S/OFF	OWNERS
MURAD ISIK	VANUATU	4737	1840KW BERGEN	OILER	16.09.2018	23.03.2019	ISIK SHIPPING
MURAD ISIK	VANUATU	4737	1840KW BERGEN	OILER	05.09.2019	13.03.2020	ISIK SHIPPING
MEDIQUEEN	MALTA	10784	3824KW PIELSTICK	OILER	28.07.2020	24.12.2020	STATU SHIPPING
BLUE-H	BARBADDOS	4109	2207KW YANMAR	3 RD ENGINEER	20.08.2021	28.11.2021	AYKOP SHIPPING
K.DADAYLI	PANAMA	9870	2820 KW HYUNDAI	3 RD ENGINEER	04.08.2022	18.11.2022	DADAYLI LAR SHIPPING
LINA	PANAMA	19731	6620Kw	3 RD ENGINEER	18.02.2023	18.05.2023	GAMMA SHIPPING

Total rank sea service: Total type of vessel sea service:

Rank	Years	Type of vessel	
		OIL TANKER	
		LPG	
3 RD ENGINEER	2021	DRY CARGO	YES
		TANKER ICE	
		OIL /CHEMICAL TANKER	
		FERRY	
Total	10 MONTH		