



APPLICATION FORM

Personal ID Number														

Position Applied for: (+994 70 258 31 71)	Date Available from: ANY TIME
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1. Personal Data		
Family Name: ASGAROV	First Name: ALIABBAS	Middle Name: AYDIN
Date of Birth: 25.08.1998	Place of Birth (City and Country): AZERBAIJAN NEFTCHALA	Citizenship: AZERBAIJANIAN
Permanent Address: AZERBAIJAN NEFTCHALA		Phone Mobile: +994 70 258 31 71 E-mail: aliabbasasgerov@gmail.com

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
IST SERVICES	BAKU	BAKU	01.04.2023	14.12.2023	OILER

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3. Last place of work		
Azkron MMC	Automobile plant	2020-2024

4. Family Details	
Civil Status(Single, Married, Separated, Divorced, Widowed) :	
SINGLE	
Next of Kin (the first emergency contact) ASGAROV AYDIN	Relationship: Father
Address of Residence AZERBAIJAN NEFTCHALA	Phone: +99470 334 0047

5. Identity Documents					
Document	Country	Number	Place of Issue	Issue Date	Expiry Date
Seaman's Book	AZERBAIJAN	DQK 025900	AZERBAIJAN	30.11.2023	30.11.2028
Travel Passport	AZERBAIJAN	C04084612	AZERBAIJAN	06.11.2023	05.11.2033
Civil Passport	AZERBAIJAN	AA5082953	AZERBAIJAN	31.08.2023	31.08.2033

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	
Certificate of Competency				AZERBAIJAN
Basic Trainings	SO-3375-23	13.07.2023	05.06.2028	AZERBAIJAN
Training for seafarers with designated security duties	SH-3251-23	12.12.2023	12.12.2028	AZERBAIJAN
Ship Security-related training and instruction	SI-2196-23	13.07.2023	06.06.2028	AZERBAIJAN
ISM Code	SP-3973-23	14.12.2023	14.12.2028	AZERBAIJAN
Proficiency in Survival Craft and Rescue Boats	SL-4335-23	07.12.2023	07.12.2028	AZERBAIJAN
MEDICAL SERTFICATE	49008	12.05.2023	12.05.2025	AZERBAIJAN
Basic training and qualifications on oil and chemical tanker cargo operations	SA-0501-24	06.06.2024		AZERBAIJAN

Medical First Aid Training	SN-			AZERBAIJAN
Medical First Aid Training and Medical Care	SM-			AZERBAIJAN

8. Physical Data	
Height	1.80 SM
Weight	85 KG
Colour of Hair	BLACK
Colour of Eyes	BROWN
Body Size	XL
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

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

Name of vessel	Flag	Vessel's Type	DWT	NAME OF COMPANY	From d/m/y	To d/m/y	His position	Total m/d

Total rank sea service:

Total type of vessel sea service: