

APPLICATION FORM

Personal ID Number											

Permanent Address: Gazakh,Xanlikla r district, home number 0222939074

Position Applied for:

1. Personal Data		
		Middle Name:
Family Name:Hasanov	First Name: Sahil	
Date of Birth: 13.04.1998	Place of Birth (City and	Citizenship: AZERBAIJANIAN
Bute of Birth. 15.04.1550	Country):Baku,Azerbaijan	Citizenship: / ZZIND/ tis/ tit// tit

Date Available from: ANY TIME

Phone Mobile: 077-76656-57

E-mail: sahilhesen 035@gmail.com

2. Maritime Education					
Name of school	Town	Country	From	То	Type of degree or diploma
Maritime Collage	Baku	Azerbaijan	2015	2020	Navigating officer

3. Professional Test	
English Test Date	Name of Test
Professional Test Date	Name of Test
Professional Interview Date	Result

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4. Family Detai	ls											
Civil Status(Sing	gle, N	Married, Separate	d, Divo	orced, Wi	idowed)	: Single						
Next of Kin (th	e firs	t emergency cont	act)					Relatio	onship: U	ncle		
Address of Resi	denc	e Baku,Azerbaij	an					Phone	Phone: +994 50 380 27 29			
	Dau	ıghter	Son									
Family Name												
First Name												
Date of Birth												
City of living												
Phone Numbers												
5. Identity Doc				l at	_	I				Ι.		
Document		Country		Nun	nber		Place of Is	ssue		issue	Date	Expiry Date
Seaman's Book		AZERBAIJAN	Ī	DQK 01	.9487	AZERBAI	AIJAN 16.03.2022 16.0			16.03.2027		
Travel Passport		AZERBAIJAN	Ī	AZE024	402	AZERBAIJ	MJAN 16.03.2022 16.03.2			16.03.2027		
Civil Passport		AZERBAIJAN		AA3243	3916	AZERBA	AIJAN 28.11.2021 28.11.20			28.11.2031		
6. Valid Visa												
Country or Unio	on				Туре		Valid Until					
N/A					N/A			N/A				
N/A					N/A			N/A				
7. Courses Atte		d and Certificate	s Obt	ained				Dates Place			Place	
]	Document			Nu	mber	Issue	Issue Expiry				
Certificate of C	ompe	etency			000439	9					AZER	BAIJAN
Updating					XS-						AZER	BAIJAN
Training for sea duties	ıfarer	s with designated	secur	ity	SH-011		05.03.2021		17.02.2026 AZERBAIJAN			
Ship Security-re	elated	l training and inst	ructio	n	SI-0243	3-21	30.04.2021		30.04.2	026		BAIJAN
Dangerous haza	ardou	s and harmfull ca	rgoes		SK-							BAIJAN
Advanced train	ning f	or oil tanker cargo	o oper	ations	SB-							BAIJAN
Proficiency in S	Surviv	val Craft and Reso	cue Bo	oats	SL-0283		05.03.2021		05.03.2	.026		BAIJAN
Advanced Fire Fighting			SJ-0457		06.04.2023		03.04.2			BAIJAN		
Medical First A	id Tr	raining			SN-048	5-23	31.03.2023		31.03.2	.028		BAIJAN
Medical First Aid Training and Medical Care				SM-						AZER	BAIJAN	

Leadership and Teamwork	DL-0245-23	30.03.2023	29.03.2028	AZERBAIJAN
GMDSS General Operator	DQ-0227-23	04.04.2023	04.04.2028	AZERBAIJAN
GMDSS Endorsement	P0-0227-23	04.04.2023	04.04.2028	AZERBAIJAN
Automatic Radar Plotting Aids Simulator (ARPA)	SR-0125-23	30.03.2023	30.03.2028	AZERBAIJAN
Bridge Resource Management	SW-0161-23	17.04.2023	17.04.2028	AZERBAIJAN
Shiphandling& Maneuvering	SV-			AZERBAIJAN
Ship Security-related Training and instruction	SI-0243-21	30.04.2021	30.04.2026	AZERBAIJAN
Operational Use of Electronik Chart Display and information Systems	SZ-0253-23	06.04.2023	06.04.2028	AZERBAIJAN
International Safety Management Code	SP-0473-21	28.04.2021	28.04.2026	AZERBAIJAN
Ship Security Officer	SG-			AZERBAIJAN
-personal survival techniques –fire prevention avdfire fighting –elementary first aid –personal safety and social responsibilities	SO-0713-21	04.05.2021	04.05.2026	AZERBAIJAN
Basik training and qualifications on oil and cemical tanker cargo operations (STCW Code A-V/1-1 Pa.1)	SA-			AZERBAIJAN

8. Physical Data	
Height	
Weight	
Colour of Hair	
Colour of Eyes	
Boilersuit Size	
Shoes Size	

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	11.09.2024	11.09.2026
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

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

Name of Company			
Name of person to contact			
Address			
Phone			
Name of Company			
Name of person to contact			
Address			
Phone			
11. Bank address for allotments			
Beneficiary			
Account No.			
Name of Bank			
Bank Address			
12. Knowledge and experience		Yes	No
12. Knowledge and experience OCIMF vetting experience:		Yes	No
		Yes	No
OCIMF vetting experience:		Yes	No
OCIMF vetting experience:	uding Medical History, is true	Yes	No
OCIMF vetting experience: ISGOT knowledge:	uding Medical History, is true Date	Yes Signature:	No
OCIMF vetting experience: ISGOT knowledge: 13. I hereby declare that the above, includes			No
OCIMF vetting experience: ISGOT knowledge: 13. I hereby declare that the above, includes			No
OCIMF vetting experience: ISGOT knowledge: 13. I hereby declare that the above, includes			No
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Name of vessel	Flag	Vessel's Type	DWT	Eng Type	НР	Manager or Owner	Rank	From d/m/y	To d/m/y	Total m/d
Volgo-Bolt								25.03.2022	28.03.2023	12 m,3 d
V-I 4007								26.07.2023	10.05.2024	10m, 16d
Volga 4007										

Total rank sea service:

Rank	
Total	

Total type of vessel sea service:

Type of vessel	
OIL TANKER	
LPG	
DRY CARGO	
TANKER ICE	
OIL /CHEMICAL TANKER	
FERRY	
Total:	