APPLICATION FORM



				7	U	W	F	X	3	K
Personal ID Number										

Position Applied for: SEAMAN

1. PersonalData		
Family Name. ZAKARIYAYEV	First Name: ILHAN	Middle Name: QADIR
Date of Birth: 12.02.2002	Place of Birth: AZERBAIJAN,ASTARA	Citizenship: AZEBAIJANIAN
Permanent Address: AZER	PRAIIAN ASTARA region	Phone (Home): NO

Phone (Business/ Mobile): +994998841202

-mail: ilhanqadiroglu@gmail.com

Date Available from: ANY TIME

2. MaritimeEducation							
Nameofschool	Country	Town	From	To	Type of degree or diploma		
AZERBAIJAN CASPIAN	AZERBAIJAN	BAKU	05.07.2023	08.01.2024	6 Month		

3. ProfessionalTest		
EnglishTestDate	NameofTest	Score
ProfessionalTestDate	NameofTest	Score
ProfessionalInterviewDate	Result	

4. FamilyDetails	
Civil Status(Single, Married, Separated, Divorced, Widowed): single	
Next of Kin (the first emergency contact): inam Zekeriyayev	Relationship / brother
Next of Kin (the first emergency contact): Infain Zeker iyayev	
Address of Residence: AZERBAIJAN,ASTARA	Phone: +994519544337

	Doughter	Son		
FamilyName				
FirstName				
DateofBirth				
Cityofliving				
PhoneNumbers				

5. IdentityDocum	ments				
Document	Country	Number	PlaceofIssue	IssueDate	ExpiryDate
Seaman'sBook	AZERBAIJA N	AZE032234	State Maritime Administration	30.03.2024	30.03.2029
					Daga 1 of

Page 1 of 5

TuoxyalDaggmont	AZERBAIJA	C03931400	AZERBAIJAN ASTARA	04.11.2021	03.11.2031
TravelPassport	N				

6. ValidVisa						
CountryorUnion	Type	ValidUntil				

Document	Number	Da	ites	Place	
Document	Number	Issue	Expiry	Flace	
CertificateofCompetency	RP14695	07.03.2024		State Maritime Administrat	
MalteseEndorsementof COC					
OilTankerEndorsement					
ChemicalTankerEndorsement					
GasTankerEndorsement					
Advanced training for oil tanker cargo operations					
ChemicalTankerFamiliarizationTraining					
GasTankerFamiliarizationTraining					
OilTankersSpecializedTraining					
ChemicalTankerSpecializedTraining					
GasTankerSpecializedTraining					
BasicTrainings	SO-5802-023	15.12.2023	15.12.2028	State Maritime Administration	
Proficiency in Survival Craft and Rescue Boats	SL-4631-23	28.12.2023	27.12.2028	State Maritime Administration	
AdvancedFireFighting					
MedicalFirstAidTraining					
Medical First Aid Training and Medical Care					
RO-ro					
Crisis management and human behavior training					
RadarObservation&Plotting					
Automatic Radar Plotting Aids Simulator (ARPA					
BridgeTeamManagement					
Shiphandling&Maneuvering					
Ship Security-related familiarization security-aw	SI-3827-23	08.12.2023	08.12.2028	State Maritime Administrat	
areness training	51-3627-23	08.12.2023	08.12.2028	ion	
MalteseEndorsementof SSO					
ISM Code	SP-4032-23	19.12.2023	19.12.2028	State Maritime Administ ration	
SafetyOfficer					
ECDISTrainingCourse					
RiskAssessmentCourse					
C.O.W./ I.G.S					
FirePracticeonTankers					
VapourRecoverySystem					
UnmannedMachinerySpace					
FRAMO FamiliarizationCourse					
Cargo Ballast Operations on Oil/Chemical Tankers					
Engine resoursce management		1			
Leadership and Teamwork					
High woltage					
Risk Management And Incident Investigation					
Training of seafarers with designated security dut				State Maritime Administrat	
ies	SH-3401-23	21.12.2023	21.12.2028	ion	
Dangerous hazardous and harmfull cargoes					
BasicTraining and qualifications on oil and chemi		+		State Maritime Administrat	
	SA-1146-23	29.12.2023	29.12.2028	- STATE MALTITUDE ACHITICIST FAL	

8. PhysicalData		
Height	183	
Weight	74	
ColourofHair	Black	
ColourofEyes	Chestnut	
BoilersuitSize	42	
ShoesSize	XL	

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?		+

If yes, please give full details:		

	Passed:	Validtill:
InternationalMedicalExamination	19.05.2023	19.05.2025
VaccinationAgainstYellowFiver		
VaccinationAgainstDiphtheria		

10. References (please give name and address of your current	or past employer) Officeremarks
NameofCompany	
Name of person to contact	
Address	
Phone	
NameofCompany	
Name of person to contact	
Address	

11. Bankaddressforallotments	
Beneficiary	
AccountNo.	
NameofBank	
BankAddress	

12. Knowledgeandexperience	Yes	No
OCIMF vettingexperience:		
ISGOT knowledge:		

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

14. ForOfficeuseonly

Phone

speaking language	1
1.RUSSIA AND TURKEY	

15. SeagoingExperience

Nameofves sel	Flag	Vessel 's Ty pe	DW T	EngTy pe	НР	Manageror Owner	Rank	From d/ m/y	To d/m/	Tota l m/d
MORNOVA	AZE	Dry cargo	2500	Wartsila 6L20		Azerbaijan company	OS	04.10.2023	02.04.2024	

Total rank sea service:

Total type of vessel sea service:

	Total Talik Sca Sci vicc.	Total type of vessel sea services		
Rank	Years	Typeofvessel	Years	
		OIL TANKER		
		LPG		
		DRY CARGO		
		TANKER ICE		
		OIL /CHEMICAL TANKE		
		R		
		FERRY		
Total		Total:		