



APPLICATION FORM



1	Position
	Position Applied for: AB ENGINE
	Date Available from:

2	Personal Information
	First Name: Jeyhun
	Last Name: Khojayev
	Date of Birth: 19.12.1998
	Place of Birth (City and Country): Azerbaijan, Astara vago village
	Email: cekaxocayev@mail.ru
	Mobile Number: (+994) 70 866 32 12
	Permanent Address: Astara city, Vago village
	Expected Salary Per Month;
	Nationality: Azerbaijan
	Alternative rank applying for: AB ENGINE
	Person to call in emergency: (+994) 99 866 32 12 Father

3	Family Details: (If Unmarried kindly give details of Father / Mother)
	First Name
	Last Name
	Gender
	Relation
	Contact
	Firdovsi
	Khojayev
	Male
	Father
	(+994) 99 866 3212

4	Maritime Education
	Name of school
	Country
	From
	To
	Type of degree or diploma
	Azerbaijan State Maritime College
	Azerbaijan
	2015
	2020
	Sub-bachelor

5	LANGUAGE SKILLS	reading	speaking	writing
	English	Low	Low	Low
	Rus	good	Low	good
	Türk	Good	Good	good

6	Physical Data
	Height
	192 sm
	Weight
	95 kg
	Boilersuit Size
	XL
	Shoes Size
	43
	Blood group
	B(I)RH+
	Additional Physical Information:{You can write any other information you want to add about your physique in this field.}

7	Seaman`s Book & Identify Docs							
	DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
	Seaman Book	Azerbaijan	DQK 021944		17.11.2022	Azerbaijan		17.11.2027
	Republic of Azerbaijan	Azerbaijan	C03595658		28.08.2021	Azerbaijan		28.08.2031
	Certificate of Competency	Azerbaijan	RP12022		04.11.2022	Azerbaijan		Indefinitely
	Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry Date: -	
	Do you hold a US Visa 'B1/B2'?		YES/NO	NO	Issue Date:	-	Expiry Date: -	
	Have you been rejected for any visa applied for?				YES/NO	NO		
	If YES, please state the country and reasons				-			

8	STCW Certificates & Trainings					
	Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
	SEAFARERS` IDENTITY DOCUMENT	Azerbaijan	AA 4351492	UAG	17.11.2022	17.11.2027
	Training for seafarers with designated security duties	Azerbaijan	SH-0866-21	UAG	24.09.2021	22.09.2026
	Proficiency in Survival Craft and Rescue Boats Other Than Fast Rescue Boats	Azerbaijan	SL-1557-21	UAG	20.09.2021	20.09.2026
	Ship Security-related familiarization security – awareness	Azerbaijan	SI-1149-21	UAG	23.09.2021	23.09.2026
	International Safety Management Code	Azerbaijan	SP-1717-21	UAG	20.09.2021	17.09.2026
	Personal survival techniques – Fire prevention and fire fighting –Elementary first aid –Personal safety and social responsibilities	Azerbaijan	SO-2432-21	UAG	15.09.2021	15.09.2026
	Basic training and qualifications on oil and chemical tanker cargo operations	Azerbaijan	SA-0553-23	UAG	20.07.2023	20.07.2028

9	Insurance,Health Related Documentation		
	Medical Certificate (Fit for Duty)		19.08.2024 19.08.2026
	Vaccination		
	Yellow Fever	YES/NO	NO
	COVID-19	YES/NO	YES

10	Seagoing Experience											
(Please give a full record starting with the last vessel on which you served)												
Company	Name of Vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From d/m/y	To d/m/y	Total m/d	REASONS FOR S/OFF
ASCO	MAHMUD REHIMOV	Azerbaijan	General cargo	4485	4 Taktli	4110		AB Engine	07.01.2023	08.06.2023	6 month	End of Contract
MERT MARINA CORP	BENIGANE	Palau	General cargo	11981	2 Taktli	8963		AB Engine	14.08.2023	02.06.2024	10 month	End of Contact

11	Travel Documents			
	Name	YES/NO	Country	Date pf Expire
	Schengen	NO	NO	
	US	NO	NO	
	China	NO	NO	
	Australia	NO	NO	
12	Medical history			YES/NO
	Have you ever signed off a ship due to medical reasons?			NO
	Have you undergone any 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
	Do you take any medications regularly?			NO

13	General	YES/NO
	Have you ever been the subject of a court of enquiry or involved in a maritime accident?	NO
	Have you ever had a professional license suspended or revoked?	NO
(If YES, please give full details and attach a separate page if necessary)		

14	References <i>(Please give the name and address of your current or immediate past employer)</i>		
	Name of company	1. MERT MARINA CORP	2.
	Name of person to contact	Mübariz – (+90) 531 404 98 74	
	Address	info@mertmarincorp.com	
	No.		

Signature

Date: