



APPLICATION FORM

Position Applied for RATING FORMING	
PART OF AN ENGINE-ROOM WATCH	Date Available from:
ID -6ASNWUL	

1. Personal Data		
Family Name: AHMADOV	First Name : NARIMAN	Middle Name: NURADDIN
Date of Birth: 21.01.1998	Place of Birth: KHACHMAZ DISTRICT, AZERBAIJAN	Citizenship AZERBAIJAN
Permanent Address;		Phone (Home):
AZERBAIJAN, KHACH	IMAZ DISTRICT.	Phone (Business/ Mobile)+994558473541 +994558245242 Email:nariknurik24@gmail.com

2. Maritime Education					
Name of school	Town	Country	From	To	Type of degree or diploma
KAINAT-M TM MMC	BAKU	AZERBAIJAN			KM000787

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

4. Family Details					
Civil Status(Singl	le, Married, Separated, D	ivorced, Widowed):			
Next of Kin (the first emergency contact) AHMADOV NUREDDIN Relation FATH Address of Residence KHACHMAZ DISTRICT, CHAYKANARI VILLAGE. Phone ++994:					
	Daughter	Son			
	Duaghter	Bon			
Family Name					
First Name					
Date of Birth					
City of living					
Phone Numbers					

5. Identity Documents							
Document	Country	Number	Place of Issue	Issue Date	Expiry Date		
Seaman's	Azerbaijan	DQK030091	State of maritime	08.10.2024	08.10.2029		
Book			administration				
Travel	Azerbaijan	C05061266	Ministry of	14.09.2024	13.09.2034		
Passport			internal affairs				
Civil	Azerbaijan		RPI				
Passport							

6. Valid Visa				
Country or Union	Туре	Valid Until		

7. Courses Attended and Certificates Obtained					
Document	Numba	Number		Dates	Place
Document	Nullibe	ı	Issue	Expiry	1 lace
Certificate of Competency	RP16055	19.0	09.2024	19.09.2029	AZERBAIJAN
Maltese Endorsement of COC					
Oil Tanker Endorsement					
Chemical Tanker Endorsement					
Gas Tanker Endorsement					
Oil Tanker Familiarization Training	SA-0849-24	27.0	08.2024	27.08.2029	AZERBAIJAN
Chemical Tanker Familiarization					
Training					
Gas Tanker Familiarization Training					
Oil Tankers Specialized Training					
Chemical Tanker Specialized Training					
Gas Tanker Specialized Training					
Basic Trainings	SO-3187-24	23.0	08.2024	23.08.2029	AZERBAIJAN
Proficiency in Survival Craft and	SL-2796-24	21 (08.2024	19.08.2029	AZERBAIJAN
Rescue Boats	SL-2130-24	21.	J6.ZUZ4	19.00.2029	AZEKDAIJAN
Advanced Fire Fighting					
Medical First Aid Training					
Medical First Aid Training and Medical					
Care					
GMDSS					
GMDSS Endorsement					

Radar Observation & Plotting				
Automatic Radar Plotting Aids Simulator (ARPA)				
Bridge Team Management				
Shiphandling & Maneuvering				
Ship Security-related familiarization security awareness training	SI-3216-24	13.08.2024	13.08.2029	AZERBAIJAN
Maltese Endorsement of SSO				
ISM Code	SP-2823-24	26.08.2024	26.08.2029	AZERBAIJAN
Safety Officer				
ECDISTraining Course				
Risk Assessment Course				
C.O.W./ I.G.S				
Fire Practice on Tankers				
Vapour Recovery System				
Unmanned Machinery Space				
FRAMO Familiarization Course				
Cargo Ballast Operations on Oil/Chemical Tankers				
Hazardous Materials				
Welder				
Turner				
Risk Management And Incident Investigation				
Training of seafarers with designated security duties in compliance with ISPS Code	SH-2535-24	15.08.2024	15.08.2029	AZERBAIJAN

8. Physical Data	
Height	177
Weight	78
Colour of Hair	CHESTNUT
Colour of Eyes	BROWN
Boilersuit Size	XL
Shoes Size	43

9. Medical History	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:	Valid till:
International Medical Examination	12.08.2024	12.08.2026
Vaccination Against Yellow Fiver		
Vaccination Against Diphtheria		

10. References (please give name an	d address of your current or past employer)	Office remarks	
Name of Company			
Name of person to contact			
Address			
Phone			
Name of Company			
Name of person to contact			
Address			
Phone			
44 5 1 11 6 11			
11. Bank address for allotme	ents		
Beneficiary			
Account No.			
Name of Bank			
Bank Address			
12 Vnoveledge and ermenien		Yes	No
12. Knowledge and experien	ce	res	NO
OCIMF vetting experience:			
ISGOT knowledge:			
40 71 1 1 1 1 1 1			
	above, including Medical His		
13. I hereby declare that the Place	above, including Medical His	Signature	
Place			
Place			
Place			
Place			

Name of vessel	Flag	Vessel' s Type	DWT	Eng Typ e	НР	Manage r or Owner	Rank	From d/m/y	To d/m/y

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

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